STATE OF MARYLAND

	1	
S. In	0	

	1 -	STATE	DEPARTMENT OF HEALTH AND MENTAL HY	GIENE "
0.0	1 DEC	REGISTRAR FASED NAME - EIRST	MIDDLE LAST	REG. NO 20 DATE OF DEATH MONTH DAT YEAR 26 HOUR
भिश्च oct	23	EASED NAME FIRST		10 21 87 102/1
or poge	3 SE)	11-10	RACE S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF NDER YEAR IF UM JER 3 HR
direct ours	70 BI	RTHPLACE ISLATE OR FOREIGN 76	DIACK 9 11 96	9 BALTIMORE CITY OF COUNTY OF DEATH
72 h	70 81	"arland"	MARRIED WEVER MARRIED	Harned County
fune ithin	10 CI		1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR
by the	20	lumbia, HD	HIENOT IN SUCH FACILITY GIVE STREET, ADDRESS! HOWARD COUNTY GENERAL HOSP	TYPE OF WORLDOR MOST OF WORKING LIFE; INDUSTRY
fulled in the found be found be for must be		AL RESIDENCE (IF NURSING HOME OR OT TATE	THER INSTITUTION GIVE RESIDENCE BEFORE ABMISSION) Y 136 CITY OR TOWN 136 INSIDE CITY LIMITS? YES \(\text{NO } \text{NO } \text{O} \)	130 STREET ADDRESS / ZIP CODE PUSING HOM
completely ond 2 sh ol examiger	14 FA	Charles All	nderson 15 Mothers Maiden N.	ant anderson (AST
7 6 0			ED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT	ADDRESS
Pogo.	1	NO	218-32-0817 Genevieve Co	
physicio onpopers emovol event, the		18 CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIATE		APPROXIMATE INTERVAL BETWEEN OASET AND DEATH LY NOWO
or re			DUE TO, OR AS A CONSEQUENCE OF UBSTRUCT	UR PULM DIS 20YEARS
y the offer se remove c cremotian other troum		Conditions, if any, which gave rise to immediate couse 103, stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	ora formation for the first of
Part of San	N O	PART POTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	
UND	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 100 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
11119		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		RRED (ENTER NATURE OF INJURY IN 11EM 18 PART) OR PART
and Me to A	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (ATHOME STREET FACTORY OFFICE FARM ETC.) 21f LOCATION STREET	COUNTY STATE
411		22a I certify that (I (this hospita	oil) ostepdadyha deceosed from 10/2/2 19	to 19 that I (we) last
445		saw the deceased alive on abave, (1) (we) (did) (did not)	view the body after death	n death occurred an the date and hour and from the causes stated
EAL DIRI denother one Desp		226 SIGNATURE	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN
oold be A model by A Mark S		274 PHYSICIAN'S NAME (TYPE OF	27e ADDRESS /)
E4121		BURIAL, CREMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN COUNTY STATE
P		BURIAL	10-24-87 Bushey Park Cemetery	
H 16 60M 7/84	24 F	JNERAL DIRECTOR	25a. DA	ATE REC D. BY REGISTRAR 736 REGISTRAR'S SIGNATURE
(VRA 15, 4)		HAIGHT FUNERAL	L HOME SYKESVILLE, MD 21784	1 44 30/4

OSSCO3 ECC3 F

pletely filled in by the funeral director page 3 and 2 should be filed within 72 hours after death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

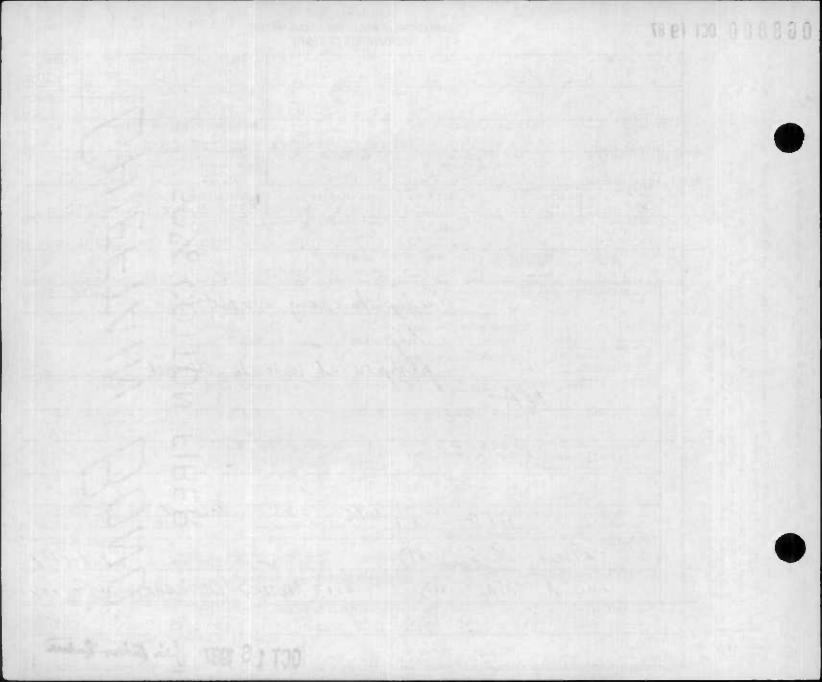
DEC	NO

		REGISTRAR		CERTII	ICAIL OI DEATI		REG. NO.						
		CEASED NAME FIRST	MIDDLE	L	AST	20 DATE O	F DEATH MONTH	DAY YEAR	26 HOUR				
	1177	Marga	ret R.	Ва	xter		10-1	14-87	3:30pm				
	3 SEX	X	4 RACE	5. DATE C			YEARS LAST BIRTHDAY)	IF INDER ! YEAR	IF UNDER 24 HR1				
		Female	White	MONTH 02		ô 87	7 YRS	WONES WAT	HOW MIN.				
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8.	D NEVER MARRIE	9 BALTIMO	ORE CITY OR COUN	TY OF DEATH					
1		England	Englar				vard Cour	nty	MD				
4	10 CI	ITY OR TOWN OF DEATH		PITAL, NURSING HOME C	R OTHER INSTITUTIO		OCCUPATION RK FOR MOST OF WORKING		F BUSINESS OR				
9		Columbia		Nursing C	enter	Buy		Dpt.	Store				
9	130 S	AL RESIDENCE (IF NURSING HOME OF		RESIDENCE BEFORE ADMISSION)	1134 INSIDE CITY LIM	AITS? 13. STREET	ADDRESS / ZIP CO	DE					
		Maryland Ho		Columbia	YES X NO		1 Cedar I		1044				
0	I4 FA	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAID	DENNAME	MIDDLE	IAS	T				
		Donald		Dow	Bessy	·	Laura	Benn					
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b	SOCIAL SECURITY NO.	17 INFORMANT		ADDRESS						
	, ,	NO		53-01-7250	Iris Edi	th Kathle	en Farwell	l Wilmin	qton, VT				
		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE		for 10, 1b1, and 15	1		/	BETWEEN	MATE INTERVAL ONSET AND DEATH				
		,	TE CAUSE (o)	CardyRi	elmonan	1 arres	1						
			DUE TO, OR AS	A CONSEQUENCE OF									
		Conditions, if ony, which gove rise to immediate	(b)	sys	ir								
		couse o, stoting the underlying couse lost DUE TO, OR AS A CONSEQUENCE When I was ender a clisher											
		underlying couse lost	((c)	perip	neral 1	ascula	asseine						
	z	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DISEAS	E OR CONDITION G	GIVEN IN PART 1	a a				
4	ATIO	190 DATE OF OPERATION	A 19h CONDITION	FOR WHICH OPERATIO	NI WAYAR DEBENDAND	200 AUT	OBSY2 Tank IEV	'ES, WERE FINDIN	ICC LICED				
1	CERTIFICATION	THE DATE OF OFERANOR	78 CONDITION	TOR WINCH OFERATIO	IN WAS FERI ORMED		IN CERT	TIFYING CAUSES	OF DEATH?				
	ERT	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJ	IURY	21c HOW IN JURY C	CCURRED LENGERN	AT I PE OF INJURY IN ITEM I	YES DEPART	NO []				
1		OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	MONTH DAY YEAR		TOTAL TENTER IN	and of the same of the same	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINES	P.M. 21e PLACE OF IN	19 UURY	211 LOCATION								
	ME	WHILE NOT WHILE	(AT HOME STREET FA	ACTORY OFFICE FARM ETC)	STREET		CITY OR TOWN	COUNTY	1A16				
		22a I certify that (I) (this hospi	tal) attended the dec	ensed from . /	1/8 10	FF 10 1	Elestar	10	that (I) (we) lost				
		sow the deceased alive on	10/8	19 8 7	nd that in (my) (our) o	pinion death occurri	ed on the date and h						
		obove. (I) (we (did (did no	1 view the body ofter		DEGREE			22c DATE	SIGNED				
		-nu	- Of he	1	ATTENE	DING MEDICAL	STAFF	101	15/87				
		224 PHYSICIAN'S NAME (TYPE C			22e ADDRESS								
1		LUIS A	CASAS	(h)	8317 0	GETTRY	LA. CAMI	CEL MAD	20707				
-		BURIAL, CREMATION, REMOVAL	23b DATE	23¢ NAME OF C	EMETERY OR CREMA	TORY 23d LOC	ATION	YINIY	TATE				
		CREMATION	10-15-8	7 Carroll	Cremation	Serv. Ha	mpstead C	Carroll	MD				
		JNERAL DIRECTOR		ADDRESS		So DATE REC'D BY	REGISTRAF	STRAR'S SIGNA	URE				
	H	HAIGHT FUNERA	L HOME	SYKESVILLI	E, MD	10	B. Hulla	Duridon K					

DHMH 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR After this

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the



BP. DHMH - 16 50M 4/83

(VRA 15, 4)

068745

67 STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

EASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
Beetha,	B.	Bean)	10/11/87	1	923
4202.77.60	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HI
7	(1)	MONTH		81	MONTHS TIAYS	HOURS MI
THPLACE INTALE OR FORFICH	Th CITIZEN OF WHAT COUNTR	272 8	14 00			
QUNTRY)	II CA	MARRIED D		11 1 1 1	0 / ,	
	4517			Holvara	COUNTY	
Y OR TOWN OF DEATH			RINSTITUTION			OF BUSINESS (
lumber med	LURIEN NU	RS: 7941	Cehap, Cont	er Homemake	or Don	nestic
	ROTHER INSTITUTION GIVE RESIDENCE BET	FORE ADMISSION	SIDE CITY HAAITS?	112 STREET ADDRESS / 7ID	CODE	
na Hm.		H CHA YES !	0		1 21 "	1043
	10120		THER'S MAIDEN NA	ME	270	
1.	MIDDLE LAST/2	akee	Harris	MIDDLE	RIVE	OKRÍ
4 00	MED FORCES? 116h SOCIAL SE	CURITY NO 17 INF	ORMANT	ADDRESS _	1141	
	VE WAR OR DATES)		10-11	91		
NO	- 218-0	14-059	KITHUR H BE	FAN JR. ELL.		
		and ic			APPROX BETWEEN	ONSET AND DEAT
	1 4 4 4	مان لاصوف			WES	eles
77.0.0		OUTNICE OF				
Conditions if any which	DUE 10, OR AS A CONSEC	GOENCE OF	Can Arcis	c.f	Make	the
gove rise to immediate	(6)	0.400,0	7 (1	,,
underlying couse lost	DUE TO, OR AS A CONSEC	QUENCE OF				
	(c)					
	((c)CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RE	LATED TO THE TERM	IN AL DISEASE OR CONDITIO	N GIVEN IN PART 1:	a
PART 2 OTHER SIGNIFICANT (conditions <u>contributing</u> t					
				20g AUTOPSY? 20b	N GIVEN IN PART 1: IF YES, WERE FINDIF CERTIFYING CAUSES	NGS USED
PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING T	ICH OPERATION WAS	PERFORMED	200 AUTOPSY? 206 IN C	IF YES, WERE FINDING CAUSES YES	NGS USED
PART 2 OTHER SIGNIFICANT (196 CONDITION FOR WHI	CH OPERATION WAS	PERFORMED	20a AUTOPSY? 20b	IF YES, WERE FINDING CAUSES YES	NGS USED S OF DEATH?
PART 2 OTHER SIGNIFICANT (196 DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	196 CONDITION FOR WHI 216 TIME OF INJURY HOUR A.M. MONTH	CH OPERATION WAS	PERFORMED	200 AUTOPSY? 206 IN C	IF YES, WERE FINDING CAUSES YES	NGS USED S OF DEATH?
PART 2 OTHER SIGNIFICANT (21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY	CH OPERATION WAS	PERFORMED OW INJURY OCCURS	200 AUTOPSY? 706 IN C	IF YES, WERE FINDING CAUSES YES	NGS USED 6 OF DEATH? NO [
PART 2 OTHER SIGNIFICANT (190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CHETTHER NOTHY MEDICAL EXAMINE! 210. INJURY OCCURRED WHILE NOT WHILE	19b. CONDITION FOR WHI 21b. TIME OF INJURY HOUR A.M. MONTH P.M.	CH OPERATION WAS	PERFORMED	200 AUTOPSY? 206 IN C	IF YES, WERE FINDING CAUSES YES	NGS USED S OF DEATH?
PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DET (IF EITHER NOTHY MEDICAL EXAMINET 21d INJURY OCCURRED WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFI	DAY YEAR 19 (CE FARM ETC.)	PERFORMED OW INJURY OCCURS OCATION STREET	200 AUTOPSY? 706 IN C	IF YES, WERE FINDICERTIFYING CAUSES YES EM 18 PART FOR PART ?) COUNTY	NGS USED S OF DEATH? NO
PART 2 OTHER SIGNIFICANT (196 DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTHEY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AL WORK 27a certify that (1) (this hosp.)	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICIAL) attended the deceosed Iron	DAY YEAR 19 211 LC	PERFORMED OW INJURY OCCURS OCATION STREET	200 AUTOPSY? 206 IN C	IF YES, WERE FINDING CAUSES YES THE MISS PART FOR PART ?) COUNTY	NGS USED S OF DEATH? NO
PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL (IF EITHER NOTHY MEDICAL EXAMINET 210 INJURY OCCURRED WHILE NOT WHILE AT WORK 220 I certify that (1) (this hosping on the deceased alive on obove, (1) (we) [did/id/id/id.	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICIAL) attended the deceosed Iron	DAY YEAR 19 211 LC CE FARM ETC) 211 LC	PERFORMED OW INJURY OCCURE OCATION STREET 19 n (my) (our) opinion	200 AUTOPSY? 706 IN C	IF YES, WERE FINDICERTIFYING CAUSES YES COUNTY 19 d hour and from the	NGS USED S OF DEATH? NO HATE that (h (we)) couses stated
PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTHY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AL WORK 27a certify that (1) (this hasp) sow the deceased alive on	19b. CONDITION FOR WHI 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFINITION) attended the deceased Ital	DAY YEAR 19 211 LC CE FARM ETC) DEGREE	PERFORMED OW INJURY OCCURE OCATION STREET 19 n (my) (our) opinion of	200 AUTOPSY? 206 IN COMPANY OF THE PROPERTY OF	IF YES, WERE FINDING CAUSES YES THE MISS PART FOR PART ?) COUNTY	NGS USED S OF DEATH? NO HATE that (h (we)) couses stated
PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL (IF EITHER NOTHY MEDICAL EXAMINET 210 INJURY OCCURRED WHILE NOT WHILE AT WORK 220 I certify that (1) (this hosping on the deceased alive on obove, (1) (we) [did/id/id/id.	19b. CONDITION FOR WHI 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFINITION) attended the deceased Ital	DAY YEAR 19 211 LC CE FARM ETC) 211 LC	PERFORMED OW INJURY OCCURP OCATION STREET 19 0 (my) (our) apinion	200 AUTOPSY? 206 IN C	IF YES, WERE FINDING CAUSES YES (COUNTY) 19 87 Id hour and from the	NGS USED S OF DEATH? NO HATE that (h (we)) couses stated
PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL (IF EITHER NOTHY MEDICAL EXAMINET 210 INJURY OCCURRED WHILE NOT WHILE AT WORK 220 I certify that (1) (this hosping on the deceased alive on obove, (1) (we) [did/id/id/id.	19b. CONDITION FOR WHI 19b. CONDITION FOR WHI 19b. CONDITION FOR WHI 21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21c PLACE OF INJURY (AI HOME STREET FACTORY OFFIN 21t view the body after death.	DAY YEAR 19 211 LC CE FARM ETC) DEGREE	PERFORMED OW INJURY OCCURE DOCATION STREET 19 19 ATTENDING PHYSICIAN CODDRESS	200 AUTOPSY? 206 IN COMPANY PROPERTY OF INJURY IN ITEM CONTROL OF INJURY INJURY IN ITEM CONTROL OF INJURY IN ITEM CONTROL	IF YES, WERE FINDICERTIFYING CAUSES YES COUNTY 19 19 19 10 10 10 11 11 11 11 11 11 11 11 11 11	NGS USED S OF DEATH? NO Thate that (h (we)) couses stated
PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DEAL (IF ETHER NOTIFY MEDICAL EXAMINET ALL WORK NOTIFY MEDICAL EXAMINET NOTIFY (1) (Ithis hosping with the deceased alive on above, (I) (we) (did) (did not 27b) SIGNATURE	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFIN 21 view the body after death.	DAY YEAR 19 211 LC CE FARM ETC) DEGREE	PERFORMED OW INJURY OCCURE DOCATION STREET 19 19 ATTENDING PHYSICIAN CODDRESS	200 AUTOPSY? 206 IN COMPANY PROPERTY OF INJURY IN ITEM CONTROL OF INJURY INJURY IN ITEM CONTROL OF INJURY IN ITEM CONTROL	IF YES, WERE FINDICERTIFYING CAUSES YES COUNTY 19 19 19 10 10 10 11 11 11 11 11 11 11 11 11 11	NGS USED S OF DEATH? NO Thate that (h (we)) couses stated
PART 2 OTHER SIGNIFICANT OF THE PROPERTY OF TH	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFILE) To view the body after death	DAY YEAR 19 211 LC CE FARM ETC) DEGREE	PERFORMED OW INJURY OCCURE DOCATION STREET 19 To (my) (our) opinion ATTENDING PHYSICIAN ODDRESS OSS LEHTTE	200 AUTOPSY? 206 IN COMPANY IN THE CHIT OF INJURY INJURY IN THE CHIT OF INJURY IN THE CH	IF YES, WERE FINDICERTIFYING CAUSES YES COUNTY 19 19 19 10 10 10 11 11 11 11 11 11 11 11 11 11	NGS USED S OF DEATH? NO Thate that (h (we)) couses stated
PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINET 21d INJURY OCCURRED WHILE AUORA 1 WORK 27a Certify that (I) (this hasp) sow the deceased alive an above, (I) (we) (did) (did not 27b SIGNATURE 27d PHYSICIAN S NAME (TYPE OF COMP) URIAL, CREMATION, REMOVAL	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFILE) To view the body after death	DAY YEAR 19 211 LC CE FARM ETC) 211 LC TO DEGREE 220 A	PERFORMED OW INJURY OCCURE DOCATION STREET 19 ATTENDING PHYSICIAN DDRESS OSS LIFTICE BY OR CREMATORY	200 AUTOPSY? YES NO	IF YES, WERE FINDICERTIFYING CAUSES YES COUNTY 19 87. Id hour ond from the	NGS USED S OF DEATH? NO that (h (we) l couses stated
PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTHY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE AL WORK AL WORK 27a Certify that (I) (this hasp) sow the deceased alive on obove, (I) (we) (did) (did not) 27b SIGNATURE 27d. PHYSICIAN S NAME (TYPE OF COMMENT) 27d. PHYSICIAN S NAME (TYPE OF COMMENT) URIAL, CREMATION, REMOVAL PECULY) URIAL, CREMATION, REMOVAL PECULY)	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFILE) To view the body after death	DAY YEAR 19 211 LC CE FARM ETC) 211 LC TO DEGREE 220 A	PERFORMED OW INJURY OCCURE DOCATION STREET 19 ATTENDING PHYSICIAN DDRESS 055 LITTLE BY OR CREMATORY OTTLED CM	200 AUTOPSY? YES NO NO NED (ENTERNATURE OF INJURY IN ITIL CITY OR TOWN AMEDICAL STAFF FOIRECTOR PHYSICIAN [AMEDICAL STAFF OIRECTOR PHYSICIAN [AMEDICAL STAFF OIRECTOR CITY OR TOWN (ITY OR TOWN CITY OR	IF YES, WERE FINDING CAUSES YES COUNTY 19 19 19 11, DATE COUNTY COUNTY COUNTY COUNTY	NGS USED S OF DEATH? NO that (h (we) l couses stated
PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINET 21d INJURY OCCURRED WHILE AUORA 1 WORK 27a Certify that (I) (this hasp) sow the deceased alive an above, (I) (we) (did) (did not 27b SIGNATURE 27d PHYSICIAN S NAME (TYPE OF COMP) URIAL, CREMATION, REMOVAL	21b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFINITION) attended the deceosed from the body after death. 22b. View the body after death. 22b. J.	DAY YEAR 19 211 LC CE FARM ETC) 211 LC TO DEGREE 220 A	PERFORMED OW INJURY OCCURE DOCATION STREET 19 ATTENDING PHYSICIAN DDRESS OSS LITTLE BY OR CREMATORY OTHER OF THE COMMENT OF THE COMM	200 AUTOPSY? YES NO NO NED (ENTERNATURE OF INJURY IN ITIL CITY OR TOWN AMEDICAL STAFF DIRECTOR PHYSICIAN [PHYSICIAN [AMEDICAL STAFF DIRECTOR PHYSICIAN [AMEDICAL STAFF DIRECTOR PHYSICIAN [AMEDICAL STAFF DIRECTOR CONTONN AMEDICAL STAFF DIRECTOR CONTONN AMEDICAL STAFF CITY OR TOWN AMEDIC	IF YES, WERE FINDING CAUSES YES COUNTY 19 19 19 11, DATE COUNTY COUNTY COUNTY	NGS USED S OF DEATH? NO that (h (we)) couses stated
The state of the s	RIHPLACE (STATE OR FOREIGN QUNITY) IN OR TOWN OF DEATH LL RESIDENCE (IF NURSING HOME OF TATE THER'S NAME FIRST AMES AS DECEASED EVER IN U.S. AF ES NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), storing the	RIHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTED TO CITIZEN OF WHAT CO	A RACE S. DATE OF BIRTH MONTH MARRIED N MARRIED N MARRIED N MIDOWED N TO R'TOWN OF DEATH III. NAME OF HOSPITAL, NURSING HOME OR OTHE JEFNOT IN SUCH FACILITY, GIVE STREET ADDRESS) LL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TATE ITATE THER'S NAME FIRST FIRST MODULE MODU	A RACE A RACE	A RACE A RACE S. DATE OF BIRTH MONTH DAY YEAR B. AGE (NYEARS LAST BIRTHDAY) WIDOWED DIVORCED DIVORCED WIDOWED DIVORCED DIVORCED DIVORCED NOTH SACRETORY WIDOWED DIVORCED DIVOR	A RACE A RACIE A RACE A RACIE A RACI

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

068089 oct-	R 187	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYG				
17/		EASED NAME FIRST		MIDDLE	1	AST	REG N		YEAR 2b HOUR	
0 th		JANET		R.	B00	ти	October 1	1087	8:10 p »	
pog	3 SEX		4 RACE	Α.	5 DATE C		6 AGE (IN YEARS LAST BIR		DER I YEAR IF INDER 1 HR	
ofte of		male	White		Apri	1 26, 1908	79	MONT	IN CATS PICTORS MIN	
1 11 00	100	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY C	OR COUNTY OF	DEATH	
1 1 16 9 5		aryland	U.S	. A .	MARRIE	D NEVER MARRIED DIVORCED	Howard (County	AAF	
		IY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION 12	26. KIND OF BUSINESS OR	
= 1 /2 84	E1:	licott City		COURS Ext		e Facility	Homemaker		wn Home	
2110	USUA 13a S	L RESIDENCE (IF NURSING HOME TATE 136 CO	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 130 CITY OR TOW Hillenda	ADMISSION)	13d INSIDE CITY LIMITS?	130 STREET ADDRESS 6620 Engli	/ ZIP CODE		
1 1 3		THER'S NAME				15 MOTHER'S MAIDEN NA	ME			
AA 1 15/15/16	Da	avid	M.	Reifsnic	er	Bessie	MIDDLE		Null	
¥ 1 34 1		AS DECEASED EVER IN U.S.		166 SOCIAL SECU		17 INFORMANT	ADDR	ESS Monkto	on, Md. 21111	
Q		No (IF YES GIVE WAR OR DATES) 216-66-7611 David E. Booth -3607]								
1 1 1 1 1 1 T		18 CAUSE OF DEATH (Enter	only ane couse pe	Line far (a), (b), an	d (c)	/			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
a disco		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	ISED BY	Dehus	Matro	n. hypovst	eura			
N S N S N S N S N S N S N S N S N S N S		IMMED		- (/// // //				
55 Per 1		Conditions, if any, which	(1b)	wing	in to	ict infection.	+ denien	Tia		
W W		gave rise to immediate couse (a), stating the underlying couse lost	DUE TO, C	DR AS A CONSEOU						
DIVISION OF VITAL RECORDS 201 NG PHYSICIAN offending physical the this certifical to it the buriol-tronit serim to a the buriol-tronit serim or wed or them 18 share or ked or them 18 share provided or	NO	PART 2 OTHER SIGNIFICAN	ral +	Mainste	DEATH BUT	not related to the TERM	Seedobil	/ / /	.7	
NA RECO	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERADO	N WAS PERFORMED	YES NO		RELINDINGS USED G CAUSES OF DEATH? NO	
Z X Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	E E	210 ACCIDENT WAS UNDERLYING		OF INJURY	AV YEAD	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INTO	IRT IN ITEM 18 PART .	DRPART 21	
ON OF V	CAL	OR CONTRIBUTING CAUSE OF	DEATH	.M.	19					
NON THE CHAIR CAN A MAN	MEDICAL	21d INJURY OCCURRED		OF INJURY	ARAN FIC)	211 LOCATION	CITY OR TO	OWN	OUNTY	
NVIS AG & offe offe hon orked	2	AT WORK AT WORK	(Al Hollie 5	The tractor of the	3					
OR A OR A Heol		270.1 certify that (I) this has sow the deceased alive above, (I) (we) (did)/aid				nd that in (my) Gur) opinion	death occurred on the d	late and have onc	that II (we) last tram the couses stated	
OR ATT OR ATT DIRECT Oched fo Dept of		124 SIGNATURE	Ta.	10.		DEGREE	,		224 DATE SIGNED	
AL O the Defeated of the Dorte		L'Rud	1 cooper	AAM)	,	ATTENDING PHYSICIAN	MEDICAL STA			
SPIT, NER, DE STORE STOR		228 PHYSICIAN'S NAME IN	PE OR PRINT)			22e ADDRESS			21043	
O HOSPITAL (TO FUNERAL I should be deto with the Store I MARORTANT, If		Brad Cooper	, M.D.			2850 North	Ridge Rd.,	, Ellico	tt City, Md.	
5 € 5 € 3 ₹	230 B	URIAL, CREMATION, REMOV	AL 23b. DATE	23¢	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
BP	Bi	irial	10-5-	87	Parkw	rood	Parkvil	le, Ba	alto., Md.	
DHMH = 16 60M 7/84	24. FL	INERAL DIRECTOR		4000	050 Y	ork Rd. PA	E REC'D BY REGISTRAR			
(VRA 15, 4)	Ru	ck Towson Fune	eral Home				0 0 1301	a papera	ern. Kandallo	

BP.

DHMH 16 60M 7/B4 (VRA 15, 4)

John Dallar Slock Mon535

068741

The ector page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE

	- STATE REGISTRAR	DET 7	DEPARTMENT OF HEALTH AND MENTACHYGIENE CERTIFICATE OF DEATH REG. NO								
1 DE	ECEASED NAME FIRST	MIDDIE		LAST		MONTH D	AY YEAR	2b HOUR			
LIYP	VICTORIA	BAPATA	CIR	רוק		9 . 2	7.87	4			
3. SE	X	4 RACE	5. DATE (6 AGE TIN YEARS LAST BIRTH	HDAY) I	FUNDER TYEAR	HOURS			
	PALE	Tr.	DEC	. 10, 1910 TEAR	75	YRS					
Vo B	SIRTHPLACE IS ATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIE WIDOWI	D NEVER MARRIED DEDICAL DIVORCED	9 BALTIMORE CITY OR		OF DEATH				
10 €	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE ST 10799 HICKOF			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		126 KIND OF INDUSTRY				
130	STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BI UNITY 13c CITY OR T COLLEGE	TOWN	13d INSIDE CITY LIMITS? YES MO	130 STREET ADDRESS /		PI.	210/			
14. F/	ATHER'S NAME	MIDDIE TRUSKI I	ICZ	15 MOTHER'S MAIDEN NA	ME		(unknow	n)			
	WAS DECEASED EVER IN U.S. A		SECURITY NO	17 INFORMANT	C (APORES	SAPLY	APPIL	MAV			
1	(YES NO OR UNKNOWN) (IF YES C	SIVE WAR OR DATES! 152-09	9-2407	DOPIS A. CY	PERT COLUM	RTA. 1	MARYLATT	D 210			
	18 CALISE OF DEATH (Enter	only one couse per line for (a), (b)					APPROXIM BETWEEN OF	ATE INTER			
	PART I DEATH WAS CAUS			L INFANCE	TOW.		5906				
	gove rise to immediate couse oi, stating the underlying couse last	DUE TO, OR AS A CONSE	EOUENCE OF				/				
ATION	couse (0), stating the underlying couse last PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING	IO DEATH BUT								
TIFICATION	couse (01), stating the underlying couse last	(c)	IO DEATH BUT		200 AUTOPSY? YES NO	20b IF YES,	WERE FINDING ING CAUSES O	GS USED			
CERTIFICAT	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DELIGIBLE CONTRIBUTION CAUSE OF DELIGIBLE CONTRIBUTION CONTRIBUTION CAUSE OF DELIGIBLE CAUSE OF DELIGIBLE CONTRIBUTION CAUSE OF DELICION CAU	T CONDITIONS CONTRIBUTING 196 CONDITION FOR WH 216 TIME OF INJURY HOUR A.M. MONTH	TO DEATH BUT	21c. HOW INJURY OCCUR	200 AUTÖPSY? YES NO	206 IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES C	GS USED OF DEATH			
MEDICAL CERTIFICATION	Couse (o), stating the underlying couse last PART 2 OTHER SIGNIFIC AND 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	T CONDITIONS CONTRIBUTING 196 CONDITION FOR WH 216 TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 FICE, FARM, ETC.)	216. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY)	206 IF YES, IN CERTIFY YES	WERE FINDING CAUSES C	GS USED DE DEATH NO			
CERTIFICAT	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DESTRUCTION 211 AUGUST OF CAUSE OF DESTRUCTION OF CONTRIBUTION OF CAUSE OF DESTRUCTION OF CAUSE OF	T CONDITIONS CONTRIBUTING 19b CONDITION FOR WH 19b CONDITION FOR	DAY YEAR 19 FICE, FARM, ETC.)	216. HOW INJURY OCCUR	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CITY OR TOW	20b IF YES, IN CERTIFY YES YIN ITEM IS PAS	WERE FINDING CAUSES CO.	GS USED DF DEATH NO			
CERTIFICAT	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DESTRUCTION 211 AUGUST OF CAUSE OF DESTRUCTION OF CONTRIBUTION OF CAUSE OF DESTRUCTION OF CAUSE OF	T CONDITIONS CONTRIBUTING 19b CONDITION FOR WH 19b CONDITION FOR	DAY YEAR 19 FICE, FARM, EIC.)	216. HOW INJURY OCCUR 216. LOCATION STREET 19.00 DEGREE	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) (ITY OR TOW	206 IF YES, IN CERTIFY YES YES IN TEM 18 PAS	WERE FINDING CAUSES CO.	GS USED DF DEATH NO 91. nat (I) (w			
CERTIFICAT	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHEY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHITE AT WORK 220 I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did in 22b SIGNAT AT	T CONDITIONS CONTRIBUTING 19b CONDITION FOR WH 19b CONDITION FOR WH 19b CONDITION FOR WH 19b CONDITION FOR WH 21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFF	DAY YEAR 19 FICE, FARM, EIC.)	216. HOW INJURY OCCUR 216. LOCATION STREET 19.06 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) CITY OR TOW TO ACT OF THE MATTER OF INJURY) AND ACT OF THE MATTER OF THE MA	206 IF YES, IN CERTIFY YES YN THE AND THE TENTEM TO THE TE	WERE FIND INC ING CAUSES C IN IN PART OF	GS USED DF DEATH NO 91. and (I) (w			
MEDICAL CERTIFICAT	PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHEY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHITE AT WORK 220 I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did in 22b SIGNAT AT	T CONDITIONS CONTRIBUTING 19b CONDITION FOR WH 19b CONDITION FOR WH 19b CONDITION FOR WH 21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFF	DAY YEAR 19 FICE, FARM, EIC)	216 HOW INJURY OCCUR 216 LOCATION STREET 19 66 ATTENDING PHYSICIAN 22e ADDRESS LOSS LOSS LOSS LOSS LOSS LOSS LOSS	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY) (ITY OR TOW	206 IF YES, IN CERTIFY YES YN THE ME PAF	WERE FIND INC ING CAUSES C IN IN PART OF	GS USED DF DEATH NO			

1001101 | 1110 Mysessein Livery 1345 AL TERMENT OF PRINCE E. 18 19. 18. Victory I had not to the Thirty belonger Phys

DHMH 16 60M 7/1 (VRA 15, 4)

STATE OF MARYLAND

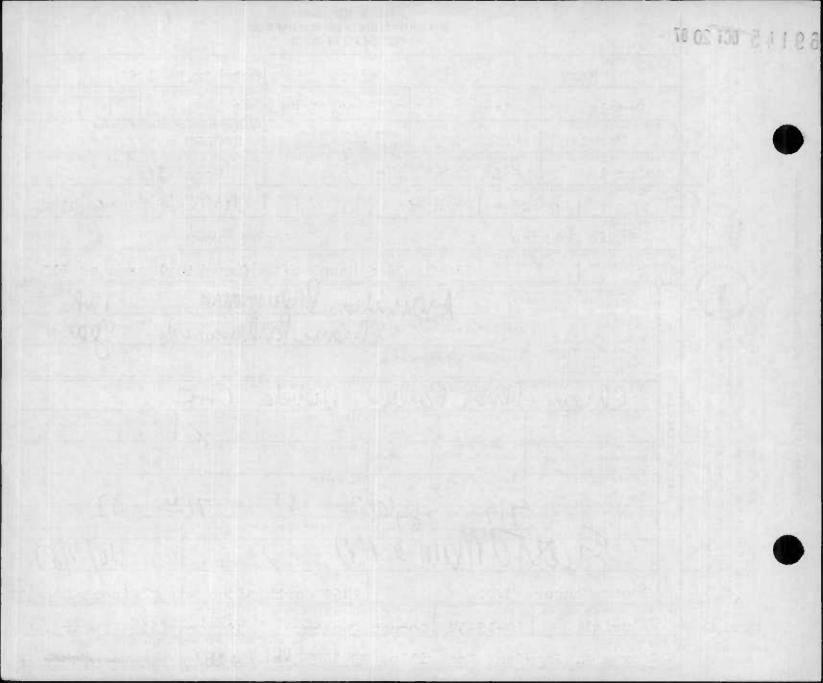
68740 OCT 1	\$ 87	STATE REGISTRAR		DEPART		EALTH AND MENTAL HTG	GIENE REG. NO		
	1.06	CEASED NAME FIRST		WIDDIE		AST	20 DATE OF DEATH MONT	H DAY YEAR	2b HOUR
1 25	3,7194	Mildi	ed	A .	Da	Vis	10	05 87	3 30
1 12.	1.5E		4 RACE	21.	5 DATE O	V 1 mJ	& AGE (IN YEARS LAST BIRTHDAY		R IF INDEA THE
11 3		F-	Com	casian			79	2N/H LAT	MCG/R1 MIN
_1 1100	7a BI	RTHPLACE 1-ATE OR FOREIGN		WHAT COUNTRY	2 8		9 BALTIMORE CITY OR CO	UNITY OF DEATH	
15/34 a	1/	EST VIRGINIA	11	< A	MARRIE	D NEVER MARRIED	111 0	County	
	10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL NURS	WIDOWE	DR OTHER INSTITUTION	1120 USUAL OCCUPATION		OF BUSINESS OR
5 1 13 26/	100	olumbia		CH FACILITY GIVE STREET	T ADDRESST	IERAL HOSPITAL	TYPE OF WORK FOR MOST OF WOR		OF BUSINESS OR WAS HOSP.
ND 212	130	AL RESIDENCE (IF NURSING HOME OF 13b COU		13t CITY OR TO	WN	134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP	CODE NAT	L. PK. 2104
2 1 11/15	in the second	THEES NAME		1		15 MOTHER'S MAIDEN NA	ME	,,,,,,,	
# 1 /T/NSC	17	BANSOLPH	WIDDLE	ASHB	Y	ROBERTI	MIDDLE	DAV	NSON
# 1		VAS DECEASED EVER IN U.S. A	RMED FORCES?			17 INFORMANT	ADDRESS 10402	BALTO. NAT	LPK.
1 12 4 /		NO	-	236-40	-9/19	GEORGE KANDOLPI	+ DAVIS ELLICOX		
AND CONTRACTOR OF THE PARTY OF		PART DEATH WAS CAUS	ED BY	Caroline for ia), bi a		whythmen		APPRO BETWEEN	DXIMATE INTERVAL N. ONSET AND DEATH
25 20 20 20 20 20 20 20 20 20 20 20 20 20		IMMEDIA	TE CAUSE (a)						
OT 4 18 18 18 18 18 18 18 18 18 18 18 18 18		Canditians, if any, which	DUE TO, C	Pul Mei		emboli			
A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		gave rise to immediate	b)_						
¥ 1 345 1	1	cause a stating the underlying cause last	DUE TO, C	DR AS A CONSEQU	JENCE OF				
201		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT DELATED TO THE TEDA	AINI AL DISEASE OR CONDITIO	IN CIVEN IN DART 1	
8 752	20	(1.3.	01			A	isease	IN GIVEIN IN PART I	Çı
8 1 1117	4 E	190 DATE OF OPERATION		DITION FOR WHIC		NONARY D	20a AUTOPSY? 20b	IF YES, WERE FIND	
# 1 2 2 2 7	18						YES NO	CERTIFYING CAUSE	S OF DEATH?
4 包 11111	CERT	210. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN IT	hand.	
4 44 44 44	A.	OR CONTRIBUTING CAUSE OF DE	Aitt	.M. MONTH I	DAY YEAR				
2 2 2 2 2 2 2	WEDIC	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED		OF INJURY	19	211 LOCATION			
WISK Other Cond Chad o	ME	WHILE NOT WHILE AT WORK	(AT HOME S	TREET FACTORY OFFICE	FARM ETC)	STREET	CITY OR TOWN	COUNTY	TATE
B 0 4 4 5 1	1	22a I certify that (I) (this hosp	mali attended t			, 19.55	ta 18/0.	5 19 87	that ((we) last
E 6 5 5 5 5		saw the deceased alive a abave. (I) (ws/(did) (did n	of view the had	vatter death	57.0	nd that in (my) (aux) opinian	death accurred an the date as	nd have and from th	e causes stated
24 A A A A A A A A A A A A A A A A A A A	1	226 SIGNATURE	The time odd	y arrei dedii.		DEGREE		22c DAT	E SIGNED
94 949 5	1	13.31. Mu	in Clien	J 11	-10.	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	10/0	05 /87
F 1 X 1 X X	7	224 PHYSICIAN'S NAME (TYPE	OR PRINT!	/	-	220 ADDRESS 2850	N. Ridge	Red.	3/3/
POSPI FUNE With the 5 Fithe 5 ORTAD		B.H. MiNO	hew			Ellica	1	1-8 >10	(1)
21 2113	230	BURIAL, CREMATION, REMOVA		730	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	104. 2.16	7-)
BP	-	BURIAL				POINT CEMETER	V CHYORTOWN	YING	10/10XA
W		UNERAL DIRECTOR			11000	FUNERAL HEVER	ERCOBY STRANGE	EGIS RAR S SIGNA	ATORE
DHMH 16 60M 7/84 (VRA 15 4)	12	e L'Alak + mas	20	ADDRESS	SLICK	1-DNERNE TILL	1 0 1001		

11 31 430 6 7 4 8 9 THE RESERVE OF THE PARTY OF THE

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

691	45 00	208	71 -	STATE REGISTRAR			DEPAI		EALTH AND MI			G. NO		
				EASED NAME	FIRST	,	MIDDLE	L	AST		20 DATE OF DEA		DAY YEA	R 26 HOUR
	poge 3		(TYPE	OR PRINT)	lary	E		Do	rsey		October	r 9, 3	1987	AA
	pog pog		3 SE)			4 RACE		5 DATE C	60%		AGE (IN YEARS L		IF UNDER 19	EVS (ETTHS THS.
	ctor s oft			Female	9	Blac	k	July	23°, 1	.894	93	YR		ATT HE R MIN
	Pag drre haur	2		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTI	RY? 8	D NEVER MA		BALTIMORE C			1
	eath n 72	6		Mary Mary	land	USA		WIDOWE		DRCED	HOWAI	RD		MD
	er de fu	o do	10 CI	TY OR TOWN OF	DEATH			SING HOME C	R OTHER INSTIT		12a USUAL OCC	UPATION	126 KIN	ID OF BUSINESS OR
10	s of) til	C	columbia	a	6610	Cedar	Lane			TYPE OF WORK FOR A	usewi	fe INDUST	KY
BALTIMORE, MARYLAND 2120	24 hour	ntst be	USUA 13a S	AL RESIDENCE (IF NOTATE MD)	13b COUNTY HOW	1TY _	GIVE RESIDENCE BE	QWN	13d INSIDE CIT	Y LIMITS?	3. STREET ADDE	ess 4 zip ci	ODE Lane/	21044
ILAP	r d	all a	14 FA	THER'S NAME					15 MOTHER'S /					
MAR	of will	30			John		LAST				es Bro			IAST
ORE	axec.	3/	16a W	AS DECEASED EN	ER IN U.S. AR	MED FORCES?	166 SOCIAL SE	ECURITY NO.	17 INFORMAN			DDRESS	anmo	22 #12
WIT.	o o	. N		MO			210-2	4-7440	nazei	MIZE	(Daugl	iter)		
	cofe	1)		18 CAUSE OF DE PART I. DEATH	ATH Enter or	ly one couse per DBY.	line for b.	and ic	1	WOOM	menua		BETWI	POXIMATE INTERVAL EEN ONSET AND DEATH
ST.,	entif	1				re CAUSE (a)	A)	MVW	MONT !	1 0000	11 40 10 00	\		MAC
PRESTON	dto dto	o ou				DUE TO, O	R AS A CONSEC	QUENCE OF	Drown	e Yar	Munson	Man-	W	2010
RES	e de	0		Conditions, if a		(b)			20000000		9,000,000	017	1	
3	by th	of to		couse to st underlying co		DUE TO, O	r as a conse	QUENCE OF						
DIVISION OF VITAL RECORDS, 201	equires the signed Then pled	ta burial,	NOI	PART 2 OTHER S	IGNIFICANT O	OND HONS CO	ON RIBUTING	TO DEATH BUT	NOT RELATED T	OTHE TERMIN	NAL DISEASE OR	CONDITION	GIVEN IN PAR	I I a
IL RECO	an has bee	aws any	CERTIFICATION	19a DATE OF OPE	RATION	19b COND	TION FOR WHI	ICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY		YES, WERE FIN RTIFYING CAU YES	NDINGS USED ISES OF DEATH?
VITA	N Th ysicio cote i	0 4 -	CER	210 ACCIDENT WAS			F INJURY M. MONTH	DAY VEAD	21c HOW INJU	JRY OCCURRE	D CENTER NATURE C	DE INJURY IN ITEM	IB PART OR PAR!	
OF	ICIAI B Ph ertificiol-tr	E	AL	OR CONTRIBUTING		3.01		DAT TEAK						
NO NO	HYS nding his c	0 4	MEDICAL	21d INJURY OCC		21e PLACE		CC CARA STC)	211 LOCATION	1	CITY	ORTOWN	LOUNTY	TALE
IVIS	offe of the	rked	×	A WORK AT	WHILE WORK	(A) HOME SI	EET, FACTORY OFF	[2]	2	87	-	17	83	
۵	Se Af	E		220 I certify that	(I) (this hospi	toli attinged h	e deceased fro	mpall	L	19	to	12	19	, that (1 (we last
	pito for	21.		sow the dec	ersed alive an	C vigaciffic battle	ofte/kinoth.	, or	d that in (my) (a	our) opinion de	eath occurred on	the date and	hour and from	the couses stated
	has has	E e		THE SIGNATURE	10	1//	MAIN	101	EFREE)	,			224 9	ATE SIGNED
	AL Care	5 5 7			W	XIV	1 Lu	000		TENDING	MEDICAL DIRECTOR P	STAFF HYSICIAN	10	1140)
	HOSPITAL ned by the FUNERAL Jid be det	STAN		THE PHYSICIANS					22e ADDRESS				/	
	etorned by TO FUNERAL Should be de	Pod /		Scott	Maure:	r, M.D.			2850	North	Ridge	Rd, E	Ellicot	tt City, M
	75	3 4	23a. B	URIAL, CREMATIC	N, REMOVAL	23b. DATE	2	3 NAME OF C	EMETERY OR CR	EMATORY	23d LOCATION	7	CAURITY	CLATE
	BP			Buria	1	10-15	5-87	Locust	Cemet	ery	Simps	onvil	le, Ho	oward, MD
	DHMH 16 60	M 7/B4	24 10	INEKAL DIRECTOR	(250 DATE	REC'D. BY REGIS	TRAR 256 REC	GISTRARSSIGI	NATURE
	(VRA 15,			George	R. Sn	owden	Rockv	ille,	MD 208	5 pub. 1	1 4 198	1 .000	www.door-	-yandette .



George J. Gonce Funeral Home 4001 Ritchie Hgwy

William H. Elloff

- STATE

REGISTRAR

2h HOUR

17h KIND OF BUSINESS OR

Sun Newspaper

McClaskey

NO [

YES [

21239

Sudden

INDUSTRY

STATE OF MARYLAND

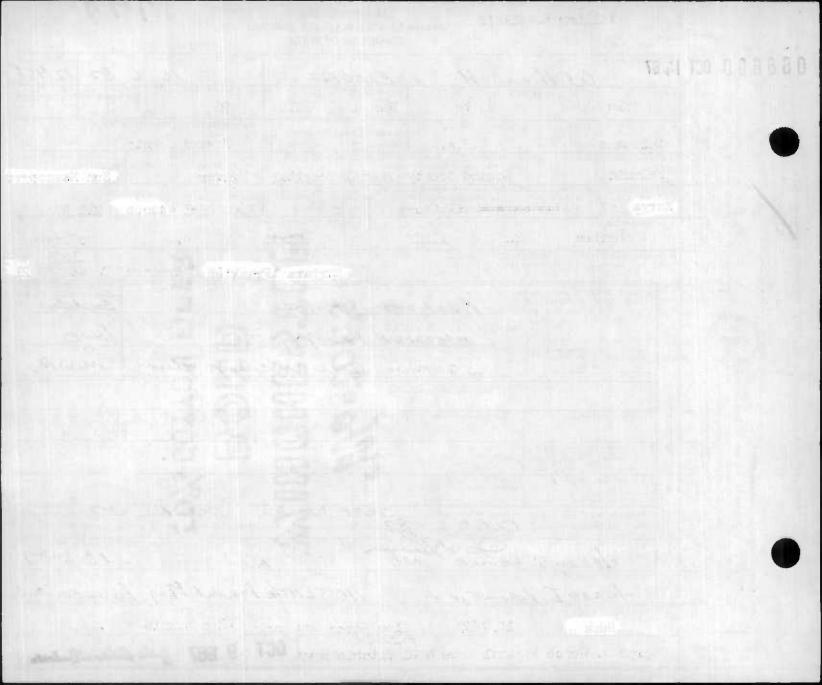
DEPARTMENT OF HEALTH AND MENTALWYGIENE

CERTIFICATE OF DEATH

250 DATE REC D. BY REGISTRAR 256 REGISTRAR S SIGNATURE

DHMH 16 60M 7 B4 (VRA 15 4)

24 FUNERAL DIRECTOR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR REG. NO DECEASED NAME KNOWN 20 DATE 26 HOUR OF DEATH MATED AGE (IN YEARS 2d HOUR 4 RACE DATE OF BIRTH IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED 195-DEAD 70 BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED K DIVORCED New York USA 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY Retired Sears& Roebuck Ellicott Town & Country Blvd, Apt C USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Town & Country Blvd Ellicott City 8764 YESK NO [] MD Howard LINET MEDICAL EXAMINER ALONG WITH FOR BUILD SENSION OF HEALTH AND MENTAL HYGIENE, DIVISION OF MEALTH AND MENTAL HYGIENE, DIVISION OF MEALTH AND MENTAL HYGIENE, DIVISION OF MEALTH AND MENTAL HYGIENE, DIVISION OF MENAL. 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIRST Buchwald Juanita Lasanna George 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO **ADDRESS** Antoinette Ahrens, 18 Strawbridge Ct. 085-20-1897 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, 201 PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ... CERTIFICATION WRITING THE WORD "PE ARDED TO THE CHIEF A GE 3 SHOULD BE USED. (TE DEPARTMENT OF HE. (201 PRIOR TO BURIAL, 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO M 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT WORK NOT WHILE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 P STREET FACTORY, FARM, ETC) STREET CITY OR TOWN 220 I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my apinian death resulted fram-Natural causes TITLE (SPECIFY) ACTUAL EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION TIAR! Buria BP 10-26-87 John's Cometery 07 84 Harry H. Witzke 4112 Galumbia Pike DHMH 17 (VR A15 ME (5)) Ellicott City, Md. Funeral Home, Inc.

THE RESIDENCE OF THE PARTY OF T all tradition of the property of model and the property of the THE PARTY LIES, THE RESIDENCE OF THE PARTY OF THE PARTY AND ADDRESS OF THE PARTY OF

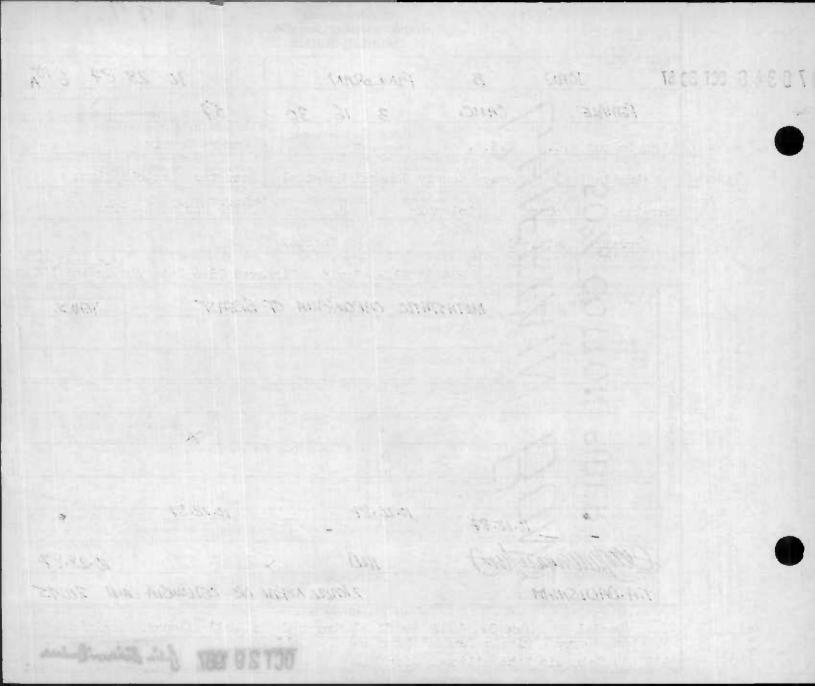
(VRA 15, 4)

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE

			REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10		
THE RESERVE THE PARTY OF	. Is		ASED NAME	FIRS1		MIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
DOCT 3	30 8	7	J	MARC	i	3	FINN.	ERAN		10	28 87	610A
	3	SEX	FEMALE		4 RACE CAL	uc.	5 DATE O		6 AGE (IN YEARS LAST BI	RIHDAY	M North UAT	IL JNDER 2; HAP HC IR MIN,
241	7 70	CO	HPLACE VILLE OR FOUNTRY) Shington I		U.S.	WHAT COUNTRY?	8	NEVER MARRIED	BALTIMORE CITY O			
18	10	CITY	OR TOWN OF DEAT		11. NAME OF I	HOSPITAL, NURSIN	ADDRESS)	or OTHER INSTITUTION ral Hospital	120 USUAL OCCUPAT (149E OF WORK FOR MOST Secretary	ION	126 KIND C	OF BUSINESS OF
Alab be	J 13	a ST lar	yland	NO HOME OR 1818	VTY	GIVE RESIDENCE BEFORE 134 CITY OR TOW Columbia	'N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 10237 Wes	ZIP CO leig	n Drive	1046
1/B	2		HER'S NAME FIRST Garnett	Matt	ingly	LAST		13. MOTHER'S MAIDEN N Nettie	WIDDIE		LA	ST
s. Pogra	16		AS DECEASED EVER II 5. NO OR UNKNOWN)		MED FORCES?	579 38		David R Fin	neran 7566	Rain		
emovol event, th		1	8 CAUSE OF DEATH PART I. DEATH WA	SCAUSE		METASTAT		ARCINOMA O	F BREAST		4.0	ONSET AND DEATH
en pleose remove o buriol, cremotion, ury, or other troum			Canditions, if ony, gove rise to immicause a stating underlying cause	ediote the lost	(c)	R AS A CONSEQUE		NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION	GIVEN IN PART 1	O
ene prior to		TICK I	90 DATE OF OPERATI	ON	196 COND	ITION FOR WHICH	OPERATIO	n was performed	200 AUTOPSY?	20b IF IN CEI	YES, WERE FINDII RTIFYING CAUSES YES	NGS USED S OF DEATH?
intol Hyginem 18 she	150		OR CONTRIBUTING CA	AUSE OF DEA	HOUR A.	M. MONTH D	AY YEAR	216 HOW INJURY OCCU	RRED (ENTERNAL RE OF TE	JRY IN 'EM	8 PART OR PART 2	
hond Me	A COLORA	-	WHILE NOT WHILE	E 🗌		REET FACTORY OFFICE F		211 LOCATION STREET	CITA DE 10		VINUO	'ATE
for use of Healt		2	2a I certify that • saw the deceased obove, (I) (we di	d olive on	10.20.0	19_		id that in (our) opinio	n death occurred on the c		hour and from the	that (well los couses stated
detoched ote Dept			Centradi	sua	when	7		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		10.2	28.87
should be with the St	/	1	TA DADV		N			<u> </u>	THE COLUM	MBH	nuo :	21045
2 4 3 X 7	23		RIAL, CREMATION, R ECIFY) Burial	EMOVAL		, 1987	Name of C	emetery or crematory nal Memorial	Pk Falls C	hurc	h Virgin	ia (hitale
6 60M 7/84	24	FUN	VERAL DIRECTOHAT	ry H				Inc 250 D	ATE REC D. BY REGISTRAF			

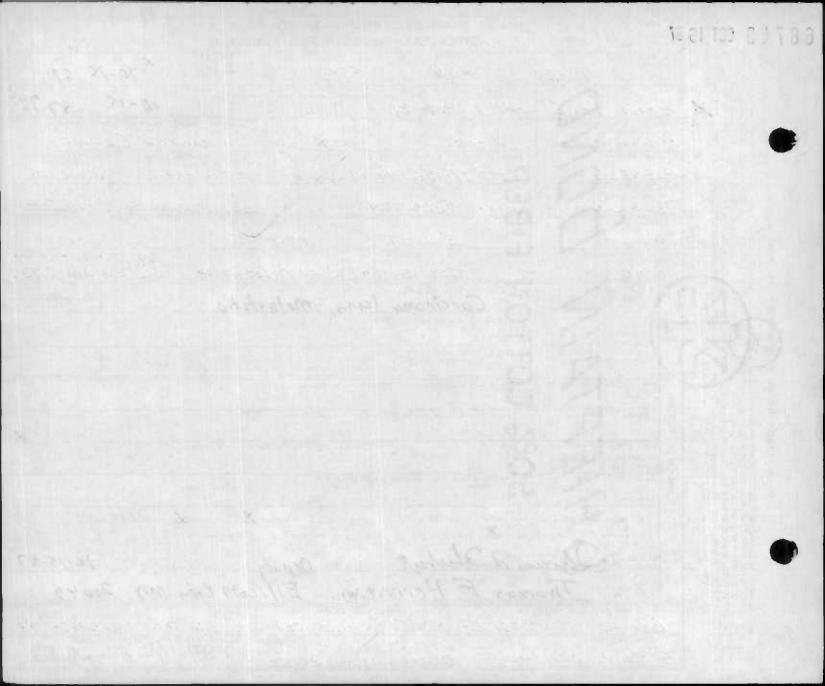
4112 Old Columbia Pike Ellicott City Md.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 68743 OCT 16 BY- STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20 DATE KNOWN ST (TYPE OR PRINT) DEATH MATED 2d HOUR IF UNDER 24 HRS DATE 1906 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FENNSYLVANIA DIVORCED O CITY OR TOWN OF DEATH HOMEMAKER TLENELG 13e STREET ADDRESS OI MORGAN HWY 4 FATHER'S NAME FIRST WILLIAM 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 7 INFORMANT LIFYES GIVE WAR OR DATES) urcinoma IMMEDIATE CAUSE (a. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. ER; THIS CERTIFICATE SHOULD BE EXECUTED ATE, WRITING THE WORD "PENDING" IN POWARDED TO THE CHIEF MEDICAL EXAMPLED TO THE CHIEF MEDICAL EXAMPLED TO THE CHIEF MEDICAL EXAMPLED TO BUSED PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NON 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 71d INJURY OCCURRED 211 LOCATION STREET, FACTORY FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFIER DEATH, WITH THE ST, BALIMORE, MARYLAND, 2 Inspection X 22a I certify that I taak charge of the remains described above held an Autopsy Natural causes death resulted fram: Accident Homicide Undetermined manner EXAMINER'S NAME 230 BURIAL, CREMATION REMOVAL 236 DATE ABINGTON HILLS

24 FUNERAL DIRECTOR

DHMH = 17 (VR A15 ME (5)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE

0 10

9781

REGISTRA	\$		CERTIF	ICATE OF DE	AIN	REG. N	10		
1 DECEASED NA	ME FIRST	WIDDIE	·	AST		20 DATE OF DEATH		AY YEAR	26 HOUR
TYPE OR PRINT)	Lawr	enne M	Celse	orda Ale	P		10 %	7 87	1201
SEX		1 RACE		OF BIRTH	~	AGE (IN YEARS LAST B	RTHDAY)	IF UNDER THE AR	IF INDER I I HRS
mai	e	Canc	07	07	09	78	YRS	CAY!	HCUR MIN
7a BIRTHPLACE	MATE OF FOREIGN 7	6 CITIZEN OF WHAT C	OUNTRY? 8 MARRIE	D NEVER MAI	RRIED	BALTIMORE CITY	OR COUNTY	OF DEATH	
MARY	IAND	USA	WIDOWE		RCED	HO	WARO	/.	M
CITY OR TOW	N OF DEATH	11. NAME OF HOSPITA		R OTHER INSTITU	MOITL	12a USUAL OCCUPA			F BUSINESS O
	nbia	Howard (ounty Ge	MERON F	tosp	RETIR	ED.	SAL	EGMA
13a. STATE	13b COUNT	other institution give residity 13c CIT	Y OR TOWN	13d INSIDE CITY YES D. N	LIMITS?	13e STREET ADDRESS	ZIP CODE	r Lan	le 210
14 FATHER'S NA		GELS END	AFFFR	15. MOTHER'S M		NKNOU	N	LAS	1
	SED EVER IN U.S. ARM		CIAL SECURITY NO.	17 INFORMANT		ADDI	ESS la	004	
LARZ NO OR MAIN	NOWN) (IF YES GIVE	WAR OR DATES) 2/2	053638	HELEN	V GEL	SENDAFFE		ESWO	RTH R
	OF DEATH Enter only	y one cause per line for						BETWEEN	MATE INTERVAL DISET AND DEATH
FARIT		CAUSE a)	5	epsis				4	She.
		DUE TO, OR AS A C	ONSEQUENCEOF	1	1.	٨		,	n Ha
	s, if any, which to immediate	(b)	per: phere	1 VOEC	r Co	Cisege_		/ /	your -)
cause to	i), stating the	DUE TO, OR AS A C	ONSEQUENCE OF	-1.	Do 100.	4.		1.	sew
2127.0.0		(c)		enile.	CITICO	TOOL .		-	
	N Dewscata	ONDITIONS CONTRIBU	JING TO DEATH BUT	NOT RELATED TO) THE TERMIN	NAL DISEASE OR COM	NDITION GIVE	N IN PART TH	1
	F OPERATION	- 1 1	OR WHICH OPERATIO	N WAS PERFORM	NED	20a AUTOPSY?		WERE FINDIN	
TIFIC						YES NOW	_	ING CAUSES	OF DEATH?
21a. ACCIDE	NT WAS UNDERLYING	216 TIME OF INJUR	Y ONTH DAY YEAR	21c HOW INJU	RY OCCURRE	D (ENTER NATURE OF INJ	LIRY IN ITEM 18 PA	RT RPART ()	
OR CONTRIB	JTING CAUSE OF DEAT	P.M.	I9						
	OCCURRED	21e PLACE OF INJU		216 LOCATION		ITY OR T	OWN	COUNTY	LEATE
WHILE AT WORK	NO! WHILE	(AT HOME SIREET FACTO	DRY OFFICE FARM EIC)	, inter					
		all attended the decea	sed from 8	127	19 8 7		7	9 52	that Owe la
	e deceased alive on	Piew the body offer de-	19 6 . or	nd that in () ou	ur) opinion de	eath accurred on the	date and hour	and from the	causes stated
226 SIGNA		2000		DEGREE				22c DATE	SIGNED
		MO		N ATT	ENDING YSICIAN []	DIRECTOR PHYS	CIAN [
22d PHYSIC	IAN'S NAME LIPE OR	PRINT	0	22e ADDRESS					
	. E She	ehan 1	J.D.						
23a BURIAL, CRE	MATION, REMOVAL	236 DATE	23c NAME OF C	EMETERY OR CRE	MATORY	23d LOCATION			
BURIA	16	10/10/87	NEWZ	ATHEDI	RAL	BALT	5	UNITY	MIT
74 FUNERAL DIR	CTOR	walled x 1	£211	11/1/201	25a DATE	REC D. BY REGISTRA	R 256 REGISTR	RAR'S SIGNAT	URE
EDWARD	J. WEBER	FH. FNI	NONDIO	Y AUE	OCT	1 3 1987	J. m. D	widon- K	andall
1/1/		and the state of	1-11-1111	- CIVE	1		U		

DHMH 16 60M 7 84

(VRA 15, 4)

BP.

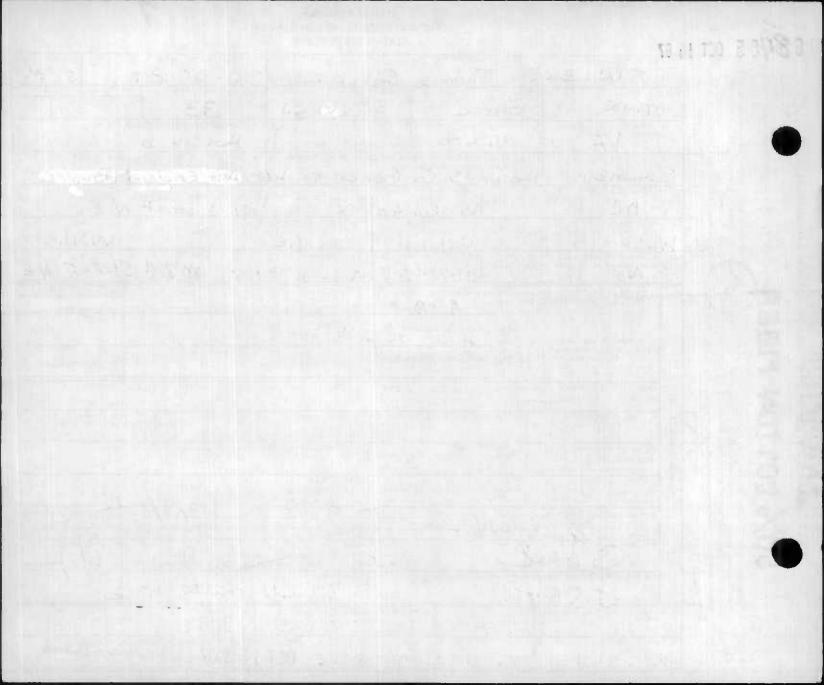
1841 100 8 0 8 8 3 0

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL WYGIENE

e g (o-m

No F		1 -	FOR STATE	DEPA		ALTH AND MEN				
703 (. 87	REGISTRAR					REG. N		
			EASED NAME FIRST	MIDDIE	LAS	7	7	a DATE OF DEATH	MONTH DAY YEA	P 26 HOUR
oge 3		(WILBUR	Thomas	5 m	LLARI	D	10-00	1-87	5 Sylva
you pro		3 SE>	14	RACE	5 DATE OF	BIRTH	6	AGE (IN YEARS LAST BI		
ctor ctor			MARE	BIAZK	MONTH	DAY	YEAR L	33		ATS HOUR MIN
dire.		7n BII	THPLACE INTATE OF FOREIGN 17	CITIZEN OF WHAT COUNT	RY? 8		3/9	BALTIMORE CITY	OR COUNTY OF DEATH	1
iral 72 h	ance		OUNTRY]	U.S.A.	MARRIED	NEVER MARE	RIED A	. \	TSD.	
deo deo	ō	10 CI	Y OR TOWN OF DEATH	NAME OF HOSPITAL, NUI	WIDOWED	transfer of the second	CED []	20 USUAL OCCUPAT		ID OF BUSINESS OR
s after by the	1	C	Ald mulc	(IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)	reso	1		OF WORKING LIFE) INDUST	RY ()
led in	st be	13a S	TATE	Y 13c CITY OR T	OWN ,	134 INSIDE CITY L		STREET ADDRESS		99999
ly fill	3-	14 EA	THERS NAME	VVUSh	ington	YES NO			treet Nit	
12	and 1	, ,		DOLE LAST		FIRST	1110	WIDDIE	\ 0	IAST 1
de T	1301	N	111am	Gila	rd	LUCI	116	ADDR	V.	411112
Dexe e	13		(AS DECEASED EVER IN U.S. ARM	LED FORCES? WAR OR DATES) 231-72	-7207	William	n Gi	llard 80	7 & Stre	et N.E
te b	4		18 CAUSE OF DEATH (Enter only	ane cause per line far ial. (b)	ond (c					PROXIMATE INTERVAL
TT TT	A		PART L DEATH WAS CAUSED	CAUSE (a) A. I.	0.5					
th ce	afic			DUE TO, OR AS A CONSE	OUENCE OF	9				
deate	E O		Conditions, if any, which	(16) H.I.V.	Inje	cer				
the the	er tr		gave rise to immediate cause ia stating the	DUE TO, OR AS A CONSE	OUFNCE OF					
hat by ase	off.		underlying cause last	()						
ned ple	ν, α		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO	THE TERMIN	AL DISEASE OR CON	IDITION GIVEN IN PAR	T la
Sig Then	ייייי	Z O	-							
w :e	à /	ATI	19a DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION	WAS PERFORME	ED	200 AUTOPSY?	706 IF YES, WERE FIR	
n n n n n n n n n n n n n n n n n n n	3	CERTIFICATION						YES TO NOT	IN CERTIFYING CAL	ISES OF DEATH?
Sicro Sicro Sicro Sicro	of s	ERT	710 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		21c HOW INJUR	RY OCCURRE		JRY IN ITEM 18 PART OR PAR	
phy phy infect	7		OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M MONTH	DAY YEAR					
SIC	1 1	S	HE EITHER NOTIFY MEDICAL EXAMINER	P M	19	211 LOCATION				
PHY end this	9	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OFF	ICE FARM ETC)	STREET		ITY OR I	INUO - NWC	TATE
the of the day	orke	~	AT WORK AT WORK			1/0	27	12	10/07	
Z Se A Se Se	E		22a I certify that (1) this hospita	al ottended the deceased fro		1 951	19 1	to	19	that (1) we) last
P to D to D	2 2		sow the ancessaring live on above. Other than said not	new the body after death.	9 one	that in my lour	r) apınıan de -	ath accurred on the c	late and have and from	the couses stated
R A hos	e 5		276 SIGN ATTURE	a	D	EGREE			22¢ D	ATE SIGNED
the of the office of the offic			Sea		N. V	O ATTE	SICIAN	MEDICAL STA		0/5/21
by ERA	Z		224 PHYSICIA I NAME (TYPE OR	PRINT)		22e ADDRESS	0101111	,		11
FUN FUN	ORI		4000	215		210	11	nert	al of	
TO F	W W		J17 W1	7 67	22 - 1 - 1 - 2	2	MAN	Total Location	1 20	
GOW	7	730 E	URIAL, CREMATION, REMOVAL			METERY OR CREA		23d LOCATION	COUNTY	VÄTATE
BP.	1		BURIAL	10/14/87	DINWIDD	IE MEM.	PK.	DINWIDDIE	9	
DHMH 16 60	M 7/84	24 FI	INERAL DIRECTOR	ADDRE	55		0 0 00		256 REGISTRAR,S SIG	NATURE .
(VRA 15,		WN	. C. MARCH F/H.	INC. 1101 E	. NORTH	AVENUE	OCT	1 3 1987	During Branch	



069219

FOR

STATE OF MARYLAND

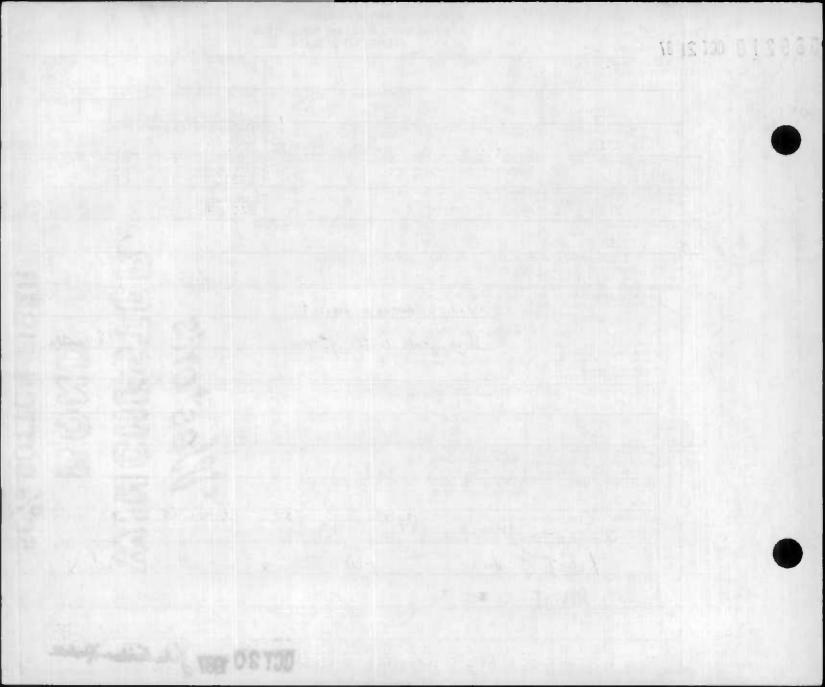
DEPARTMENT OF HEALTH AND MENTAL TYGIENE

2	87 REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO					
	DECEASED NAME	FIRST		MIDDLE	i	ASI	20 DATE C	OF DEATH	HINON	DAY	YE AR	26 HOU	R
	(THE OR PRINT)	THOMAS		Ε.	H	ARGOT		1	0	15	87	4:40	Рм
3	SEX		4 RACE		5 DATE C		6 AGE IN	YEARS LAST BIRTI	HDAY)	IF UND	ERITAR	IF LINDER	2 90 7 100 1
L	MAL	E	WHI	ITE	05	04 41	46 YRS			S	DATE	HUUR	MIN
			76 CITIZEN OF	WHAT COUNTRY	(5 B	D NEVER MARRIED	9 BALTIM	9 BALTIMORE CITY OR COUNTY OF DEATH					
ı	CALIFORNI	A	U.S.A. WIDO			2 404	HOWA	RD COU	NTY				MD.
Ī	CITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 9474 HUNDRED DRUMS				120 USUAL OCCUPATION				126 KIND OF BUSINESS OR		
1	COLUMBIA					ROW	DESIGNER				SIGN MANUFACT		
i 1	JSUAL RESIDENCE (1) 30 STATE MARYLAND	NURSING HOME OR 13b COUN HOWA	1TY	GIVE RESIDENCE BEFO	WN	13d INSIDE CITY LIMITS? YES \ NO \ X	13e STREET	ADDRESS / HUNDR	ZIP CC	ODE			046
14	FATHER'S NAME		III.D	T COLICIE.	111	15 MOTHER'S MAIDEN NA		HONDK	ו ענו	DROIL	KOW	21	040
0	STANLE	Y	HARGOT			FRANCES	MIDDLE			TITCA	JGAR LAST		
F	60 WAS DECEASED E		MED FORCES?	166 SOCIAL SEC	URITY NO	17 INFORMANT		ADDRES	55	_	LAND	21	01.6
1	TES NO OR UNKNOW!		-1962	366-42-		MONICA FRYER	01.74						046
_	1110		1702	300-42-3030		MONICA PRIER	9474 HUND		בט ו	DRUMS	APPROXIM BETWEEN C		UMBI
7	PART 2 OTHER 190 DATE OF OF	significant c		ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER				200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT) H?		
	H L						YES 🗌	YES NO YES				NO 🗆	
27	OR CONTRACTOR	S UNDERLYING CAUSE OF DEA	THE STATE OF THE S	DFINJURY .M. MONTH I .M.	RED (ENTERN	NAT RE OF INTUR	IN ITEM	18 PART O	₹PART 21				
		CURRED OF WHILE IN ORK		216 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC.) 211 LOCATION STREET					CITY OR TOWN COUNTY STATE				
	22a I certify the	270 certify that (1) (this haspital) attended the deceased from TULY 1987 to October 1987, that (1) (we los saw the deceased alive on October 3 1987, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above (1) (we) (did not view the body after death)											
	226 SIGNATUR	226 SIGNATURE ALL TO PRINT 1226 PHYSICIAN'S NAME (TYPE OF PRINT)			tishen MD			GREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICI 70 ADDRESS			10/16	SIGNED	
	DR.	Rober	FIS	THER			F MAR	F MARYLAND HOSPITAL					
2	30 BURIAL, CREMAT		236 DATE			EMETERY OR CREMATORY	23d LOC	The state of the same of			NITV		TATE
	(SPECIFY) BURI.	AL	10/19/	87	CRESTL	AWN CEMETERY	MAR	RÍOTSV	ILLE	E HOW	ARD	MAR	ŶLAN

DHMH 16 60M 7 84 (VRA 15, 4)

BP.

PUNERAL DIR LEROY M & RUSSELL C WITZKE FUNERAL HOMES OF 1630 EDMONDSON AVE. CATONSVILLE MD 21228 00 120 127



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYSIENS
CERTIFICATE OF DEATH
CERTIFICATE OF DEATH

30208 OCT	29	FOR -GS ATE REGISTRAR		DEPARTM	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HY& FICATE OF DEATH	SIENS REG. NO	7 3 5		
		ECEASED NAME FIRST		MIDDLE	k	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR		
ay be age 3 death		FLORE	NCE	M.	1	HART	10/26/87	11:00 A		
may poi	3 SE)		4 RACE		5 DATE O		6 AGE IN YEARS LAST BIRTHDAY	IF UNDER LYEAR IF UNDER 24 HRS		
t age		Female	Wh	nite	MgNTH	19 1911	76 YRS	MUNITU DAT HOURS MIN.		
4208/	7a B1		76 CITIZEN OF WHAT COUNTRY?		8 AAABDIE	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH			
V 15016		Visconsin	U.	S. A.	WIDOWE		Howard County,			
1 11/3//	10 C	ITY OR TOWN OF DEATH	11. NAME OF	F HOSPITAL, NURSING	IG HOME O	OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINE			
1 13 70		Columbia	Harmony Hall Retirem			ent Home	Housewife	Domestic		
24 hours	13a. S	JAL RESIDENCE (IF NURSING HOME OR STATE J36 COUN ISCONSIN JII	ROTHER INSTITUTION NTY Waukee	134 CITY OR TOWN	ADMISSION) N	134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CODE 6012 West Cle	veland Avenue		
1 11 40	14 F/	ATHER'S NAME				15 MOTHER'S MAIDEN NAM	ME			
1 12/11/	1		MIDDLE	Jansen		FIRST Anton	nette	Vandenbranden		
1 1 1	160 V	Henry Was deceased ever in u.s. ari	MED FORCES?			17 INFORMANT	ADDRESS			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			VE WAR OR DATES)	393-18-2			78Treefrog Place	Columbia		
		Conditions, if ony, which gove rise to immediate cause I all stating the underlying cause lost	((0)	or as a consequen						
The party of the p	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Hypothypoidism Graytive Heary Failure								
The law relian	CERTIFICATION	190 DATE OF OPERATION	J 196 COND	DITION FOR WHICH C	OPERATIO	DN WAS PERFORMED	200 AUTOPSY? 200 IF YES NO YES YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO		
SICIAN The physicic certificate certificate intolytransit tem 18 should be s		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.	OF INJURY A.M. MONTH DA' P.M.	AY YEAR		RED LENTER NATURE OF INJURY IN ITEM 18 F	PARI)RPAR'		
NG PHYSICIA offending plant the certification of the buriolity is and Mentolity than difference or the certification of the certificati	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET FACTORY OFFICE FA	RM ETC)	21f LOCATION	ITY OR TOWN	OUNTY STATE		
at OR ATENDINg the hospital or the hospital or at DIRECTOR at leached for use of the DEPT of Health.		220 Certify that (I) (this haspit saw the deceased alive on above. (I) (we) (did (did no)) 22b SIGNATURE Kamal	1	19	, on	DEGREE B B S ATTENDING PHYSICIAN	death occurred on the date and hou	19, that II (we) lost us and from the couses stated 22c DATE SIGNED 10 126 187		
etoined by TO FUNER, should be d with the Sto		226 PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS				

DHMH 16 60M 7/B4 (VRA 15, 4)

Marzullo Funeral Service

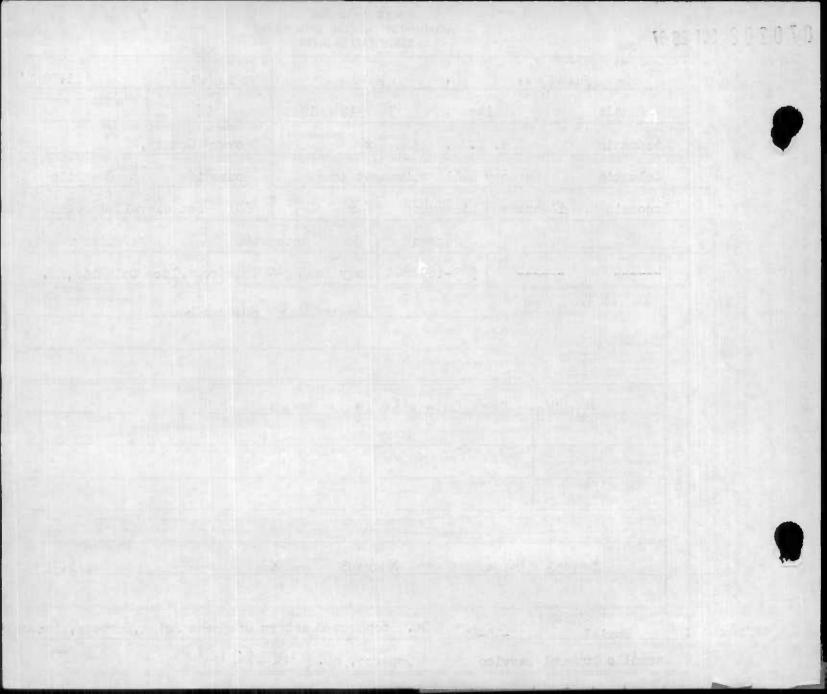
Burial

24 FUNERAL DIRECTOR

10-30-87

Upperco, MD.

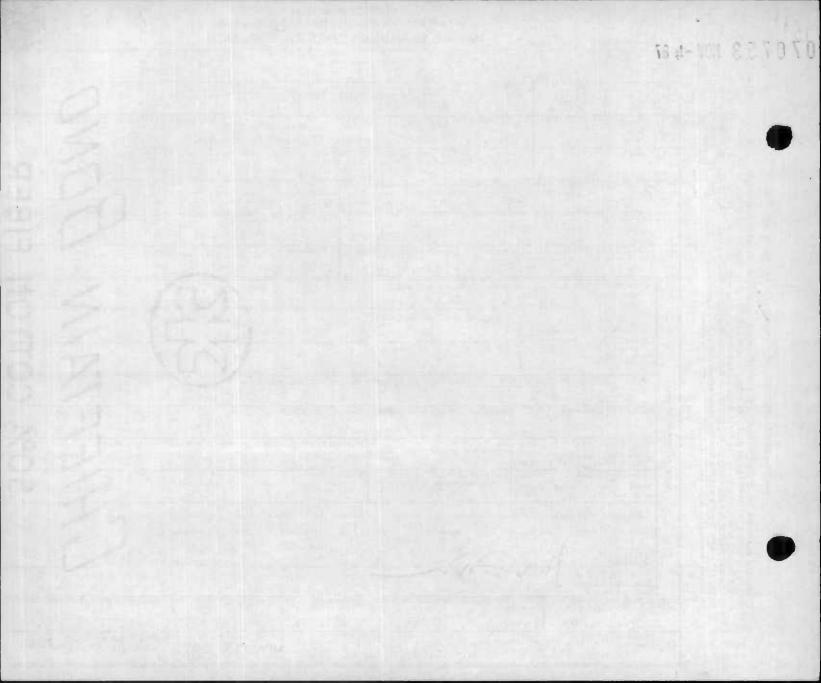
St. Stephens Cemetery Stephens Point, Portage, isconsi 250 DATE REC D. BY REGISTRAR 756 REGISTRAR'S SIGNATURE OCT 28 1987



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO DI.EASED NAME DATE KNOWN X DEATH MATED David R. Iaquinta IF UNDER 1 YR 2c DATE 11:50 MALE 11 27 WHITE 40 187 46 YRS TO BIRTHPLACE ITTATE OR 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MICHIGAN U.S.A. DIVORCED X WIDOWED _ Howard County 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 76 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! SELF EMPLOYED Howard County General Hospital PEST CONTROL Columbia 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c CITY OR TOWN MARYLAND HOWARD COLUMBIA NO XX 11247 A CRYSTAL RUN 21044 4 FATHER'S NAME FIRST JOHN IAQUINTA GLADYS GORMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 49506 1958-1961 381-38-0427 JOANN KAHN 902 FLORAL GRAND RAPIDS, MI. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BE WEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 USED AS A BOOK HEALTH A ARDED TO THE CHIEF A GE 3 SHOULD BE USED A ATE DEPARTMENT OF HE 201 PRIOR TO BURIAL, (19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES IX NO [210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOUR A.M MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET CITY OR TOWN WHILE AT WORK TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BALLIMORE, MARYLAND, 2 X220 I certify that I took charge of the remains described above, held an Inspection and in my apinian Natural causes Undetermined manner death resulted fram Accident TITLE (SPECIFY) ACTUAL MD Deputy ChiefDICAL EXAMINER 11-1-27 SIGNATURE SIGNED EXAMINER'S NAM Dixon, M.D. ADDRESS 111 Penn Street Baltimore MD 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY CREMATION CATONSVILLE BALTIMORE MD. WESTVIEW MEMORIAL PARK 17 84 WITZKE FUNERAL HOMES DATE REC'D. BY REGISTRAR 250 REGISTRAR SAGNATO 24 FUNERAL DIRECEROY M & RUSSELL C

1630 EDMONDSON AVE. CATONSVILLE MD 21228

(VR A15 ME (5)



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTACHYGIENE CERTIFICATE OF DEATH

STATE REGISTRAR DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 7h HOUR (TYPE OR PRINT) ERIC **JOHNSON** 87 10 15 S DATE OF BIRTH 3 SEX 4 RACE MONTH DAY YEAR BLACK MALE 09 09 58 29 **BALTIMORE CITY OR COUNTY OF DEATH** TO BIRTHPLACE TATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X NORTH CAROLINA HOWARD COUNTY U.S.A. WIDOWED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY 5270 ELIOTS OAK ROAD COLUMBTA AGB T.V. RESEARCH MAIL DISTRIBITION USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
136 COUNTY
130 CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 2.1044 13d INSIDE CITY LIMITS? MARYLAND HOWARD COLUMBIA NO X 5270 ELIOTS OAK ROAD COLUMBIA 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST FIRST MIDDLE CHARLES JOHNSON MABEL HODGES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS COLUMBIA MARYLAND I YES NO OF LINKNOWN NO 563-25-6166 5270 ELIOTS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for 10 . (b) and ic PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse tot, stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g ON CERTIFICATI 206 IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY (AT HOME STREET FACTORY OFFICE FARM ETC.) AT WORK AT WORK 6-12 220 L certify that (1) (this haspital attended the deceased from_ 28 sow the deceosed alive on obove, (I) (we) (did did not view the body alter death 87, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 22b. SIGNATUR DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN PHYSICIAN 10-16-87 D 22e ADDRESS 10802 HICKORY RIDGE ROAD , COLUMBIA, MD. ROBERT-SMITH 234 LOCATION CUMBERLAND 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) 10/20/87 HODGES FAMILY CEMETER HOPEMILLS BURIAL CAROLINA 24 FUNERAL PLEROY M & RUSSELL C WITZKE FUNERAL HOMES

1630 EDMONDSON AVE CATONSVILLE MD 21228

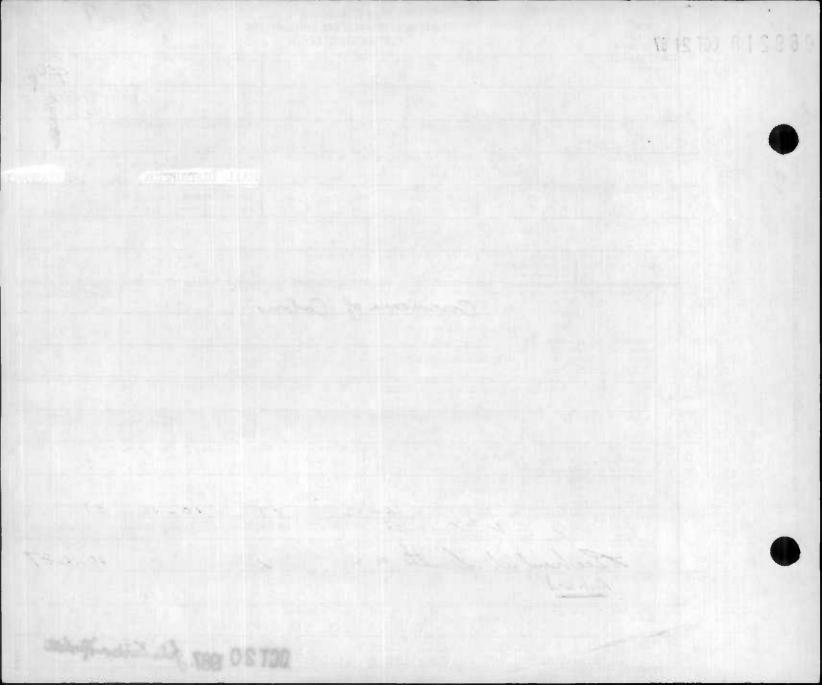
DHMH = 16 60M 7/84

00

(VRA 15. 4)

FUNERAL be Ste

d b ORT



BP.

DHMH 16 60M 7/84 (VRA 15, 4)

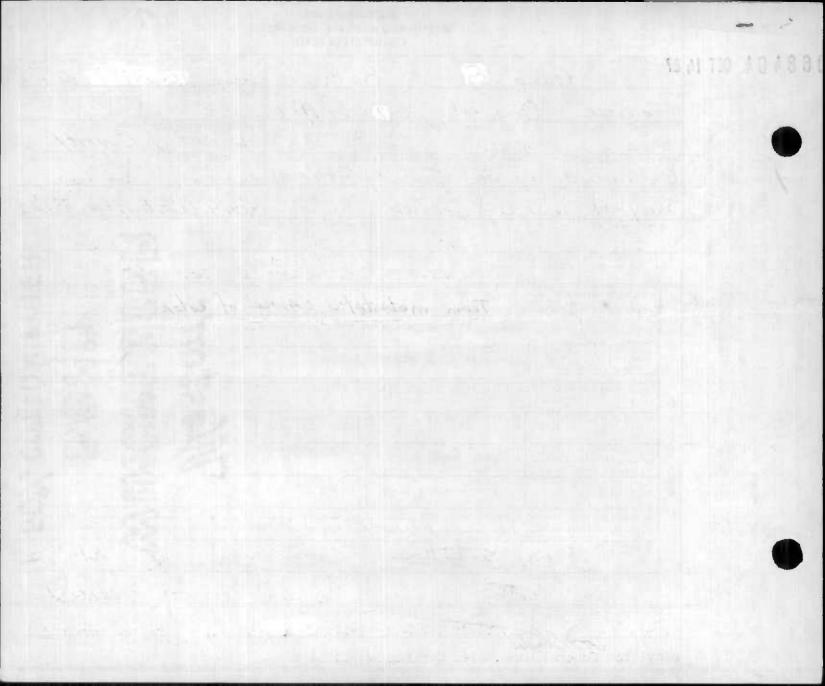
6840

Poge 4

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	-	REGISTRAR		CERTIFICATE OF DEATH REG. NO								
& OCT IA	DOEC	EASED NAME FIRST	MIDDLE			AST	20 DATE OF DEATH		DAY YEAR	2b HOUR,		
के किए। 1स	O PE	OR PRINT)	una	Sun	/	KIM .	October 7	1027		100		
er dear	3 SEX		14 RACE	odii	5 DATE C	OF BIRTH	October 7	INTHDAY)	IF UNDER YEAR	IF UNDER 24 HRS		
rs ofte		emale.	0	1,10	MONTH	DAY IOTEAR	30	1	WONTHS BAYS	HOURS MIN		
direction of the		THPLACE ATE OF FOREIGN	Th CITIZEN OF	WHAT COUNTRY?	Sept.		9 BALTIMORE CITY OR COUNTY		Y OF DEATH			
72 76	C	OUNTRY)				D X NEVER MARRIED	- /	and	Cour	7+1		
thin thin		orea Y or town of DEATH	U.S.A.		WIDOWE	DR OTHER INSTITUTION	120 USUAL OCCUPA		TI26 KIND OF BUSINESS OR			
by the fulled with	100	L. L.		CH FACILITY, GIVE STREET			TYPE OF WORK FOR MOST					
	LISTIA	L RESIDENCE (IF NURSING HOM	FIOUR.	COLUMN DE SIDENCE REFORM	CITY T	1 General	Homemaker		Dwn Ho	me		
filled in	130 S	TATE 13b CC	UNTY	131 CILY OR TOW		134 INSIDE CITY LIMITS?	130 STREET ADDRESS			20794		
	1.1.	2ry pena He	auro	Jessi	1P	YES NO	8064 0	CHOS NI	17 FUR	12/00		
completely	14 FA	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE		LAS	S.		
omple o ad		Chei		Park		UN			Kar	18		
- 50 0 /		AS DECEASED EVER IN U S	ARMED FORCES? GIVE WAR OR DATES!	166 SOCIAL SECU		17 INFORMANT (Husb						
Page		No	N/A	465.33.5	5255	Mr. Jae Kook	Kim Sam	e as #				
person ol		18 CAUSE OF DEATH (Enter		line for (a), (b), on	dict.	11	0	/	BETWEEN	ONSET AND DEATH		
phy on po emo		PART I. DEATH WAS CAL	TATE CAUSE (a)	lerm n	e743	TATIC CAPUL	ca of co.	OR				
ding orbo			DUE TO C	R AS A CONSEQU	FNCE OF							
ive c		Conditions, if any, which	(jb)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
emo emo emot		gave rise to immediate couse to, stating the DUETO OR AS A CONSEQUENCE OF										
by t ose r othe		underlying couse lost										
ple uria		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
Ther to b	O											
mut ony	ATI	190 DATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDI			
hos per	CERTIFICATION						YES NO		YING CAUSES	NO []		
Sicion Progression (1999)	CER	210 ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUR	RED (ENTER NATURE OF IN	IURY IN ITEM B P	ART OR PART 2)			
m talk		OR CONTRIBUTING CAUSE OF	DEATH	.M. MONTH D	AY YEAR							
Amen Men	MEDICAL	21d INJURY OCCURRED		OF INJURY	17	21f LOCATION						
the the ond ond	ME	WHILE NO! WHILE	(AT HOME S	TREET FACTORY OFFICE	FARM ETC)	STREET	CITY OR I	OWN	COUNTY	TATE		
Afte e os olth mark		22a. certify that (I) (this ha	spital) attended t	he decensed from		19	to		19	That I (we) last		
OR OR		sow the deceased alive	an	19		nd that in (my) (our) opinion						
ECT ed for		22b SIGNATURE	not view the bod	y after death		DEGREE			22c DATE			
DIR Oche Dep		200 SIGNATORE	1 04	a tolda	3	ATTENDING		AFF	101	7/10		
RAIL det		224 PHYSICIAN'S NAME (IN	- all	200 000		PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS			INFL			
d be d be start		220 PHYSICIAN SNAME IN	PE OK PRINT)	-		11 = = 0	1	1. 6	0.16	. ()		
TO FUNE should be with the S			chella			HOCCOLL	- OCT VI	MY C	ever	0		
		URIAL, CREMATION, REMOV				EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	1	COUNTY	STATE		
SP	_Bı	rial X	Det. 9	, 1987 Du	1aney	ValleyMem.Gar-	Timonium	Balı	to. Mar			
AH = 16 60M 7/84		INERAL DIRECTION	anth			250 DA	E REC D BY REGISTRA	R 256 REGIST	RARSSIGNA	TURE		
(VRA 15, 4)	511	ng Teton Funera	I Home,	Glen Burn	ie, M	d. 21061 /0	- 15 = 2 /					



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH 2n DATE OF DEATH 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 136 COUNTY 4 FATHER S NAME 15 MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Carla Buehler 10374 Eclipse Way 18 CAUSE OF DEATH Enter only one couse per line for a 1b and c PART | DEATH WAS CAUSED BY arelio Dulmonany arres IMMEDIATE CAUSE (a). DUE TO OR AS A CONSEQUENCE OF multiple smokers Conditions, if ony, which gove rise to immediate cause o stating the DUE TO OR AS A CONSEQUENCE OF cerebral vascular disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 g merenteus in talsy, manetin CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED PATER NATIRE DE INDIRAN TEM 8 PART TREART HOUR AM. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET FACTORY OFFICE FARM ET ... amarin 220 I certify that I (this haspital) attended the deceased from October 17 10 80 saw the deceased alive on , and that in (mx. bur) opinion death occurred on the date and hour and from the causes stated A (we little) whit nut yes the body after death DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 774 PHYSICIANES NAME OF CHARGO 10772 Hickory Prof RUMP, Colymbir, wo TOYEL, MD 23c . IAME OF CEMETERY OR CREMATORY 23h DATE Burial Woodlawn Cemetery Baltimore Harry H. Witzke 4112 Columbia Pike Funeral Home, Inc. Ellicott City, Md

DHMH 16 60M 7 /84 (VRA 15, 4)

0 6 9 7 2 5 907 21 67

Cremerson Canada via Tibil Land OCT 20 880, Calabat Pender inition of the plant of the property of the pr

10 - 27 - 87

24 FUNERAL DEEROY M & RUSSELL C WITZKE FUNERAL HOMES

1630 EDMONDSON AVE CATONSVILLE MD 21228

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL RYGIENE

231 NAME OF CEMETERY OR

WESTVIEW MEMORIAL PARK

2b HOUR BALTIMORE CITY OR COUNTY OF DEATH HOWARD COUNTY 12b KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MEDICAL 13e STREET ADDRESS / ZIP CODE 525 W. WARREN CT. 97470 SCHIBLIN ADDRESS OREGON 97447 P.O.BOX 1 IDLEYLD PARK BRONCHUS 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 10.25.8 BALTIMORE MARYLAND 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR SSIGNALURE

16 60M 7/84 (VRA 15, 4)

230 BURIAL CREMATION REMOVAL

CREMATION

THE WHITE CALVINSIA STATE OF PARTY STATE

TATATO

CERTIFICATE OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

68	261 OCT 1	8 87	FOR STATE REGISTRAR			DEPART		ICATE OF DE		REG. NO	7	7		
		1 DE	CEASED NAME	FIRST		MIDDLE		AS1			MONIH	DAY	YEAR 2	b HOUR
	noy be poge 3	(TYPE	OR PRINT)	ARL		D.	1.	ISSAU			10	8	87	340 A
	de de	3 SE:		71100	4 RACE		5 DATE (6 AGE (IN YEARS LAST BIRTI				IF I NDER LIHR
		3 36	MALE				MONI	DAY	YE AR			V/1.7761		MIN PUUR
	oge 4	1 0			WHIT		0	2 12	91	94				
	2 P d		RTHPLACE (MATE OR	FOREIGN	176 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MA	ARRIED 🗇	9 BALTIMORE CITY OF				
	deoth funerol hin 72 lotone		Germany		U.S.A.		WIDOWI		ORCED [HOWARD		TUNC		MD
_		10 CI	TY OR TOWN OF DE	ATH	11. NAME OF	HOSPITAL, NURSII	NG HOME (OR OTHER INSTIT	TUTION	120 USUAL OCCUPATION				BUSINESSOR
01	s offer led with notified with	C	OLUMBIA			COUNTY		HOSP		-Retired			Bake	er
212	De pe	USU/	AL RESIDENCE (IF NUR	136 COU	ROTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	A 104 IN ISIDE CIT	W. I. I. I. I. I. C. O.	In CERTIFIC ADDRESS (7.0.001			
Q	wided A	134 3	Md.		ward	Fulton	VN	13d INSIDE CIT	NO 🗔	11938 ADDRESS /	iln	Řd.	20758	3
AL. X	F >4 1 9	14 F.A	THER'S NAME	110	Wald	rurcon		15 MOTHER'S						
A XV	mplete and 2 examp	1	FIRST		MIDDI €	LAST			RST	MIDDLE			LAST	
m,	5 0 - 3	140 V	Richard VAS DECEASED EVER	INITIS AT	PANED EODCES?	Lissau	IDITY NO	17 INFORMAN	atheri		. 2			
0	Poges		YES NO OR UNKNOWN)		IVE WAR OR DATES)			Elizab		auck 11938 ES				•
N N	0 0 5		No			217-01-	2466			Fulton	,Md.			
BAL	the coor		18 CAUSE OF DEAT	H Enter o	nly one cause per	line for (a), (b), or	nd (c	,				В	APPROXIMA ETWEEN ON	ATÉ INTERVAL ISET AND DÉATH
<u>;</u>	ertificating physical pondop rengava		PARTI. DEATH V		TE CAUSE 6)	dult or	apre	atung	dist.	nen Syna	tom	e 1	week	Es
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	inres that the death ce gned by the attending in please remove corb. bural, cremation, or r iry, or other troumatic	7	Conditions, if ony gove rise to im cause (o), statii underlying couse PART 2 OTHER SIG	mediate ng the lost	(b)	PALLEM B R AS A CONSEQUENT B ONTRIBUTING TO	ENCE OF	not related t	O THE TERM	nnal disease or cond	ITION G			neing
RD.	The The	_ 6	Acute	ren	ral fee	were								
AL RECO	on hos bee t permit ene prior	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	YES NO	IN CERT		FINDING CAUSES O	SS USED OF DEATH?
VII	SICIAN The long physicion certificate has unal-tronsit per tental Hygiere lem 18 shows		210 ACCIDENT WAS UN	L.		OF INJURY M. MONTH D	AY YEAR	21c HOW INJU	URY OCCUR	RED (ENTER NATURE OF INJUR	IN ITEM 18	PART : OR	PART 21	
Ö	deng ph trs. certifu burial-tr Mentol	S S	(IF EITHER NOTIFY MED			.M.	19							
VISION	offending of the bury ond Medor I	MEDICAL	21d INJURY OCCUR			OF INJURY REET FACTORY OFFICE	FARM ETCT	211 LOCATION	7	I ITY OR LOW	. 7	CO	UNIY	TATE
۵	DIN OF A		22a I certify that (I)		mal) attended th	e deceased from	6	1/04	19 87	to 16	108	19 5	7 th	ot I (wa last
	OR OR		sow the deceas	ed alive a	n	67 19	87.	nd that in (my) is	opinion	death occurred on the de	e and he	out and fi	om the ca	uses stated
	OR ATTEN e hospitol DIRECTOR sched for u Dept of He		22b. SIGNATURE	did (did ni	of view the body	after death		DEGREE					DATE SI	
	OR H Peche Dech		A SIGNATURE	h	-	1.	.0	AT	TENDING	MEDICAL STAF		122	DATESI	GINED
	RAL det		138.6	In	refun	111	M:	Ph	HYSICIAN [DIRECTOR PHYSICI			0/01	5/57
	TO HOSPITAL (TO FUNERAL I Should be deto with the State I MAPORTANT, If		BH M		PIZEUT			22e ADDRESS	2850	N Kidg	(Rd	. ,	
	Share Share	230 E	SURIAL, CREMATION,			230	NAME OF C	EMETERY OR CR	REMATORY	23d LOCATION				
	BP	(Burial		10-10			Park		Battimore		COUNT	TY	Md.
		24 FL	JNERAL DIRECTOR					rark.	250 DAT	E REC D BY REGISTRAR 2	56 REGIS	TRAR'S S	SIGNATUR	
	DHMH = 16 60M 7 / 84 (VRA 15, 4)	H	ARRY H. WI	TZKE	Ellic	Columbia ott City	, Md.	21043	007	0 1000		~ .		-

			and it	
maria land	fore the second			
Mineral Mr. 20790		0.02.50		
	and and the			
THIS LAW WALL TOPPE	Charlette Verleit.			

other troum

prior

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL WYGIENE CERTIFICATE OF DEATH

069137 OUT 20187 STATE REGISTRAR REG. NO MIDDLE 2a DATE OF DEATH MONTH 26 HOUR I DECEASED NAME LITYPE OR PRINTS 1987 9 Oct. C. Frank Mayol & AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH 1918 Caucasian 69 Male TO BIRTHPLACE TATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Puerto Rico Howard DIVORCED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IO CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LIYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Engineer (Ret.) Electricat Columbia 10617 Hunting Lane UDUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13g STATE 13e STREET ADDRESS / ZIP CODE 10617 Hunting Lane 13b COUNTY Columbia 21044 Md. Howard 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Cristobal Mayol Antonia Salavarria ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 579-36-8273 Lorraine Mayol n/a same as 18 CAUSE OF DEATH (Enter only one couse per line for to , (b), and PART I. DEATH WAS CAUSED BY Jak somonis si DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 206 IF YES WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [NO 7 to ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN HEM. 8 PART I OR PART ? HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET FACTORY OFFICE, FARM ETC.) AT WORK NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from. saw the deceased olive on above (II) (we) (did (did nat) view the body after death ___, and that in (my)(our) apinion death occurred on the date and hour and from the causes stated DEGREE 226 DATE SIGNED PHYSICIAN PHYSICIAN P DIRECTOR 22e ADDRESS

BP

ld be deto

PORTANT

DHMH | 16 60M 7/84 (VRA 15, 4)

(SPECIF Burial

Mt. Zion Cemetery

Fu1'ton

Howard

Mid.

24 FUNERAL DIRECTOR 7601 Sandy Spring Rd. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Fleck Funeral Home, Inc. Laurel, Md. 2070 ma Dirichon-Rudale

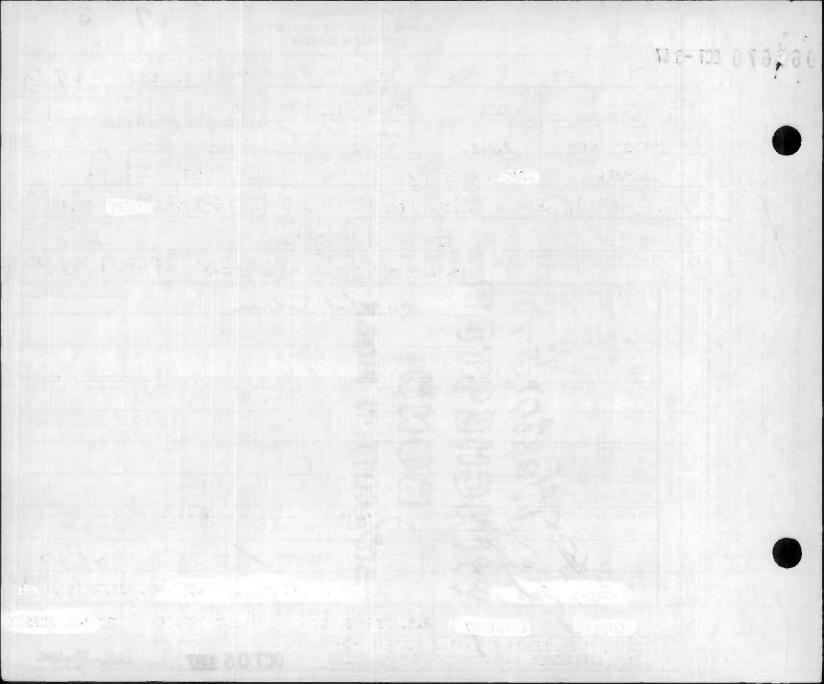
				10:10
alle there are all the				unzi
ministration of the second				
bods on the land trade				
of I pe o seal loyal				
	alea de po			
	4000	.ba muligal	enal to	

EDMONDSON AVE CATONSVILLE MD 21228

(VRA 15, 4)

Bridge

STATE OF MARYLAND

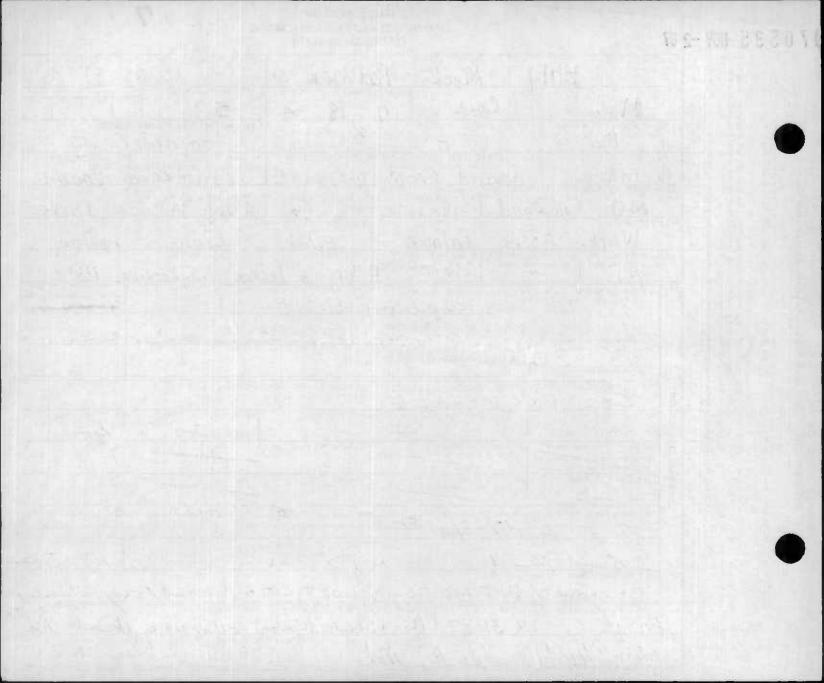


DHMH 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

70535 NOV -2	97	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO
be oge 3	1 DE	CEASED NAME OR PRINT)	Mack Palmer, 52 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR 10 28 87 2a.m
ge 4 may ictor pa	3 SE	MAle	TRACE Case. S DATE OF BIRTH ANNIH DAY SEAR TO BE (IN YEAR LAST BIRTHDAY) IF UNDER YEAR IF UNDER SHEET ANNIH DAY SEAR TO BE SHEET ANNIH DAY SEAR TO BE SHEET ANNIH DAY SEAR TO BE SHEET ANNIH DAY SHEET ANNIH D
de ain h		RTHPLACE (STATE OF FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY OF DEATH WIDOWED DIVORCED HOWARD COUNTRY MD.
201	(1	olumbia	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IFNOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 121. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 122. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 123. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 124. WIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
AND 21 In 24 hour y filled in thousands to be a most bind to be a	130 3	MO HO	THE PROPERTY OF THE PERSONNER BEFORE ADMISSION 13d INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE YES NO RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE YES NO RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE YES NO RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE YES NO RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE YES NO RESIDENCE BEFORE ADMISSION 13d INSIDE CITY LIMITS?
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours vs.cion and completely filled in III apers. Pages Franch-2, hould be vs.ci.		WAlter 0	MIDDLE PAIMER HISTORIANT ADDRESS APPRIES LAST MIDDLE FARMER ADDRESS APPRIES LAST MIDDLE FARMER ADDRESS
be exection and ceres. Pages		VAS DECEASED EVER IN U.S. AR (IF YES, GI	armed Forces? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS GIVE WAR OR DATES! 216308944 Vieginia Palmer Sykesville, Md. Only one couse per line for 10 161, and 10 161, approximate interval BETWEEN ONSET AND DEATH
W. PRESTON ST., at the death certiful by the attending phere are an over a corban or cementary, or remained to the other troumatic even		PART I DEATH WAS CAUSE IMMEDIA Conditions, if any, which gove rise to immediate cause io stoling the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF
200 see see co.	CERTIFICATION		T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PUL MONALE 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY2 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES, OF DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN The low requir offending physician ther this certificate has been sign os the burial-transit permit. Then th and Mental Hygiene prior to b orked or flem, its shows any injury	CAL	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACCEPTED FOR	YES NOT YES YES YES NOT THE OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM & PART DR PART
DIVISION DIVISION ING PHYS After this to so the but the code of th	MEDI	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM EIC.) 211 LOCATION STREET CITY OF TOWN LDUNIY HATE
ATTEND of spital			on 1997, and that in (my) (our) opinion death occurred on the date and hour and liom the causes stated not view the body offer fleath. DEGREE 1720 DATE SIGNED
HOSPITAL OR med by the F FUNERAL DIR for Store Deg ORTANT. If the		22d PHYSICIAN'S NAME (TYPE	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 10728787
TO HOSI	23a E	BERNARI BURIAL, CREMAJION, REMOVAL	
ВР		Elival	10-31-87 Open Shepherd Censtay Ellico Herry Hound Md.
DHMH = 16 60M 7/B4	24 FI	JNERAL DIRECTOR	250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE



Caucasian

Clark

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Lorien Nursing Home

Olney

13c CITY OR TOWN

LAST

Clark

216-28-6121

Respiratory

assiration

196 CONDITION FOR WHICH PERATION WAS PERFORMED

DUE TO, OR AS ACONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

AT HOME STREET FACTORY OFFICE FARM ETC 1

216 TIME OF INJURY

21e PLACE OF INJURY

29, 1987

Robert A. Pumphrey Funeral Home/

Montgomery Ave., Rockville, MD. 20850

166 SOCIAL SECURITY NO.

Th CITIZEN OF WHAT COUNTRY?

United States

Rebecca

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) COUNTY

Montgomery

Naglee

18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c)

IMMEDIATE CAUSE (a)

220 1 certify that (1) ights haspital attended the deceased from sow the deceased alive on OCT 26

Larry Kay, M.D.

Rockville, Inc.

230 BURIAL, CREMATION, REMOVAL 236 DATE October

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Parkman

April 16, 1898

MARRIED NEVER MARRIED

17 INFORMANT

211 LOCATION

ATTENDING

June 12

23c NAME OF CEMETERY OR CREMATORY

13d INSIDE CITY LIMITS?

Anne

5 DATE OF BIRTH MONTH

WIDOWED [X]

1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

IN DATE OF DEATH MONTH 7h HOUR October 26. 1987 A AGE LIN YEARS LAST BIRTHDAY BALTIMORE CITY OR COUNTY OF DEATH Howard County 12n USUAL OCCUPATION 126 KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Salesperson Dept. Store 13e STREET ADDRESS / ZIP CODE 3508 King William Drive / 20832 15 MOTHER'S MAIDEN NAME MIDDLE R. Cooper Donald N. Parkman, Son, Same as item #13 with gastrostomy tube 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART DR PART tor DR. K. Kolodrubet PHYSICIAN XX DIRECTOR PHYSICIAN 2850 Northridge Road, Suite 103 Ellicott City, Maryland 23d LOCATION Grace Episcopal Church Silver Spring Maryland 750 DATE REC'D. 8Y REGISTRAR 756 REGISTRAR'S SIGNATURE

FUNERAL I MPORTANT - STATE

TYPE OF PRINTS

COUNTRY Maryland

3 SEX

REASED NAME

Female

To BIRTHPLACE TE ON FOREIGN

10 CITY OR TOWN OF DEATH

FIRST

Joseph

60 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I DEATH WAS CAUSED BY

Conditions, if ony, which gove rise to immediate couse to, stating the

underlying cause last

21n ACCIDENT WAS UNDERLYING

AL WORK

Burial

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

224 BHYSICIAN'S NAME ITYPE OR PRINT

Columbia

Maryland

FATHER'S NAME

00 (VRA 15, 4)

DHMH - 16 60M 7 84

OR ATTENDING

TO HOSPITAL OR ATTEN

BP. DHMH - 16 60M 7 (VRA 15, 4)

FOR

- STATE

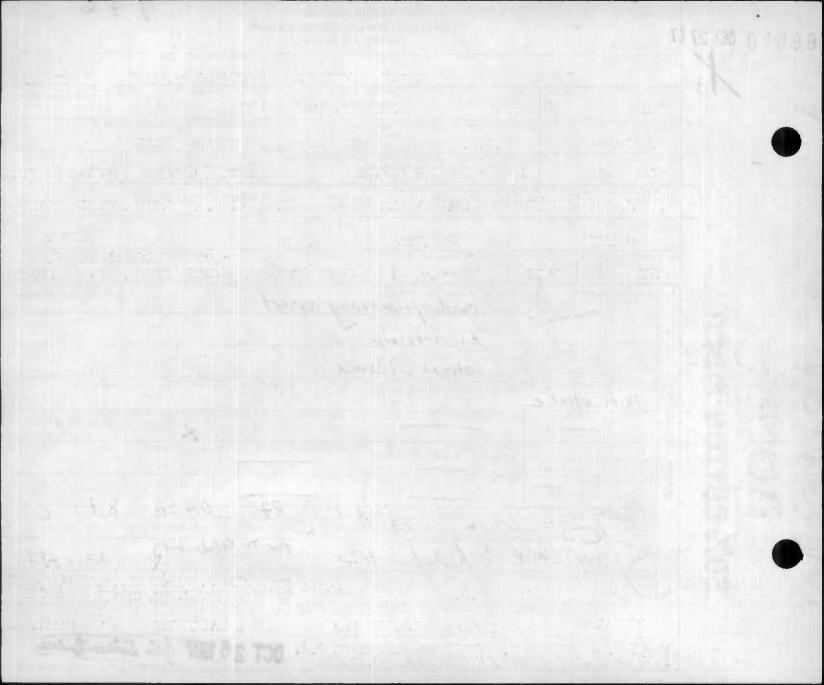
REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL-WYGIENE CERTIFICATE OF DEATH

REG NO

	TYPE OF PRINT	AE FIRST		MIDDLE	L	AST	20	DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
111	(TITE ON PRINT)	PRES'	TON	1	AUSTIN	SCHEFFEL	(OCTOBER 26	, 1987		9:00 A
	3 SEX		4 RACE		5. DATE C		6 A	GE (IN YEARS LAST BIRT		UNDER YEAR	IF UNDER , 4 HRS
	MALE		WHITE		JÜL	15, 1916	AR 7	71	YRS	VIHIL DATE	HOURS MIN.
8	To BIRTHPLACE	ATE OF FOREIGN	76 CITIZEN OI	F WHAT COUNT	RY? B	NEVER MARRIE	9 B	ALTIMORE CITY OF	COUNTYO	FDEATH	
8	MARYLAI	1D	U.S	.A.	WIDOWE			HOWARD C	COUNTY		Μ
po led	10 CITY OR TOWN					OR OTHER INSTITUTIO		USUAL OCCUPATION			OF BUSINESS OF
to Const	COLUMB			n'nursi		ER	ľ	ETTER CAR	RIER	POST	AL SERVI
masthe	USUAL RESIDENCE 130 STATE MARYLAI	VD BAL	TIMORE	CATONS	SVILLE	13d INSIDE CITY LIM	UIS? 13e	SIREET ADDRESS OF N. PRO	SPECT	AVENUI	E 21228
nine	14. FATHER'S NAM	E	MIDDLE	LAST		15 MOTHER'S MAID	ENNAME	WIDDLE		1 4	st
exou	HEI	VRY		SCHE	FFEL	ANN	IE				KNOWN
CO	160 WAS DECEAS	ED EVER IN U.S. AR	MED FORCES?	166 SOCIALS	ECURITYNO	17 INFORMANT		4100°DDRE	WIMBLE	DON DI	RIVE.
aed	YES NO OR UNK	WW	II	216-01-	-7941	JAMES SC	HEFFEL	FLOWER 1	MOUND,	TEXA	
å		OF DEATH (Enter or		er line for 10 , 1b	, and ic p		1			BETWEEN	ONSET AND DEATH
even	PARTIC	DEATH WAS CAUSE	TE CAUSE 10)_	Cardi	pulmo	nany av	est				
ofic			DUE TO (OR AS A CONSE	/						
a line	Conditions	if ony, which	(1b)		herma.						
1	gove rise	to immediate	DUETO	-11							
1	underlying		100000	OR AS A CONSE	e Wice	ma					
0	PART 2 OT	HER SIGNIFICANT	CONDITIONS (NOT RELATED TO TH	E TERMINA	DISEASE OR CONE	DITION GIVEN	IN PART I	0
(2)		1 stroky	_								
À T		OPERATION		DITION FOR WH	ICH OPERATIO	N WAS PERFORMED	1	200 AUTOPSY?	206 IF YES, V		
3	Ē							YES NOX	YES !	NG CAUSES	S OF DEATH?
8 sh	210 ACCIDEN	T WAS UNDERLYING		OF INJURY		21c HOW INJURY	OCCURRED	LENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART,	
E	OR CONTERIOR	TING CAUSE OF DE	AIH	P.M. MONTH	DAY YEAR	-		_			
- F	2	OCCURRED	21e PLACI	E OF INJURY	-	211 LOCATION		7,000000.000	200	LOWER	1/439
po	WHILE D	NOT WHILE	(AT HOME S	STREET FACTORY OFF	ICE FARM E	SHIT.	-	C11+ 08-104	0.00	TOWN AND	STATE
no r		that I this hosp	ted; oftended t	the decement for	um edul	4 / 10	87	. 004.	26 10	87	mar of Carde
1 2					C 47	that in (my) (bur) o	onion deot	h occurred on the do	te and hour o	nd from the	couses stated
B 2	27b. SIGNA	welldid did no	of view the bod	ly after death		DEGREE					SIGNED
# # #	7	AND EN	CP ;	Kai		ATTEND	DING M	MEDICAL STAF	1 627	23	0.497
z/-	224 PHYCE	IAN'S NAME (TYPE	20.00(4)(1)	Turv	-	PHYSIC 22e ADDRESS		RECTOR PHYSIC			107
PORTANI	170 FAJSIC			w 6 /		SHITTE		850 N. RI			COTT CI
W.				M.D.			CÖÜRS	PROFESSIO	NAL CE	NTER	21043
_	230 BURIAL, CREA	AATION, REMOVAL				EMETERY OR CREMA	TORY	23d LOCATION	DE	COUNTY	NA A DAZZ
-			10/29		LOUDON		2 4	BALTIMO	DRE		MARYLA
7/B4	LEROY ME	& RUSSE	LL C. W	ITZKE	JNERAL F	HOMES P.A.	250 DATE RE	S BY REGISTRAR	250 REGISTRA	RESIGNA	RE
	1630 EDN	ONDSON A	VENUE . C	ATONSVII	LE. MD.	21228	061	7 0 1301	1		



Sacred

STATE OF MARYLAND

2b HOUR 1987

Kandra

NO [

DATE REC D BY REGISTRAR 256 REGISTRAR'S SIGNATUR

whis Deviden

20903

DHMH 16 60M 7/84 (VRA 15, 4)

Buria

	3 Pet 131 22 67	
A Control of the Cont		
The same of the sa		•
The solution of the second sec	esto dinolitica e e e	
Lesbook Committee of the second control of t		
E E E TANK W Known N		
and the sale of th		
100 100 100 100 100 100 100 100 100 100		
24/11/21 - 2 - 5 - 5 - 11/1/22 CD	100/1	
S MENERIT SUSSIMERS METRE WE WAS IN		
THE STATE OF THE S		
TOTAL SERVICE OUT 21 ESP. (L. Sandarian)	toll and and b	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 2a DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT 3 SEX AGE (IN YEARS LAST BIRTHDAY) IE UNDER ! YEAR TO BIRTHPLACE THATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Virginia U.S.A. Howard Co. WIDOWED I CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Housewife Sant View 13a STATE 6146 Ridge Road, 13d INSIDE CITY LIMITS? Maryland Carroll Mt. Airv NOK 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST ALIDIDITA FIRST St. Clair Joseph Lee Clara Kessler Rozella 17 INFORMANT 223-30-285d George Teague, Same as 18 CAUSE OF DEATH Enter only one cause per line for a PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO [210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART TOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED The PLACE OF INJURY 211 LOCATION AT HOME STREET FACTORY OFFICE FARM ETC.) TREET AT WORK 22a | certify that (1) (this bospital) attended the deceased from

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE ATTENDING A MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT)

MPORTAN

should b

DHMH 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Burial

23¢ NAME OF CEMETERY OR CREMATORY 236 DATE

23d LOCATION ITY OF TOWN

Carrol]

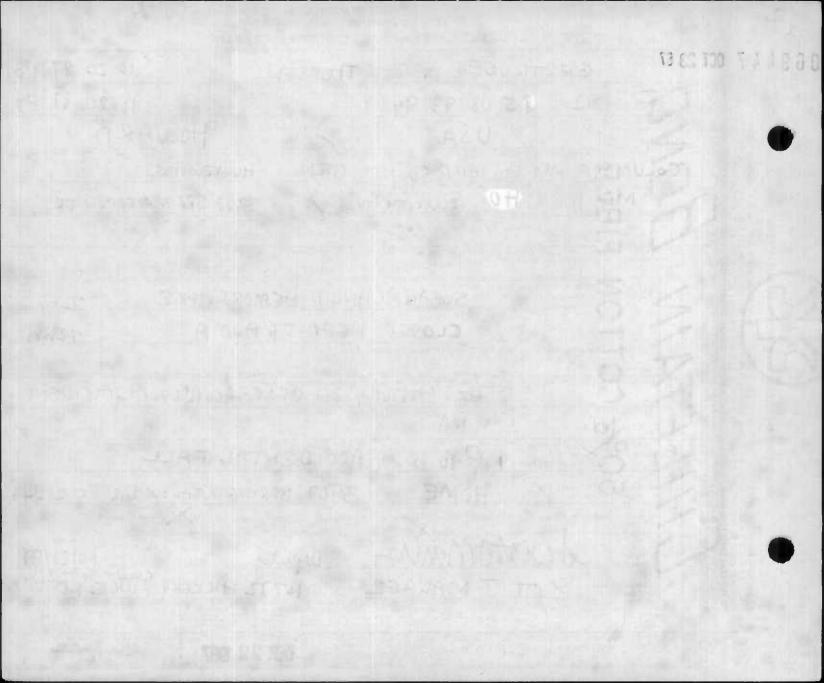
220 DATE SIGNED

Md.

Charles W. Burrier, Jr., Sykesville, Md.

Stores A. Adres Constant Control of the Control of

		1	FOR			DEPARTMEN		MARYLAN H AND ME		GIENE	2 9	7	*3	
12		1		TRUDE C	. THORSI	NCAL EXA	MINER'S	CERTIFIC	-	DEATH	REG	NO		
694	4 7 OCT 23	87	EASED NAME	ERTI	RUDE	MIDD E	7	HORS	EN		ATE KNOWN OF EST EATH MATED	6/1	20 8	7 138
	N STEEL	3 SEX	Female Wo		DATE OF BIRTH	93 0	GE (IN YEARS IF L	THS DAT	IF UNDER 2	MIN PROP	DATE NOUNCED DEAD	MONTH 16	20 18	339 A
•	MAN A	FO	RTHPLACE TATE OR REIGN COUNTRY)	7b	CITIZEN OF WE	A.	8 MAR WIDO	RIED NEV	ER MARRIE		HOW	Y OR COUN	OF DEATH	AM.
	A STATE OF	ID CI	LUMBIF	ATH III	NAME OF HOS	PITAL, NURSING	ODRES I	GEN	ION	HOUSE	OCCUPATION DE WORKING IFE	TYPE OF WORK	OR INDU Home	BUSINESS STRY
21201	A STATE OF THE STA	USUA 130 S	TATE MD	IRSING HOME OR OT 136 COUNTY Howard	HER INSTITUTION GR	13c CITY OR T	OWN	13d INSIDE CIT	TY LIMITS?	3207	SPEIN	i-MEA	21043 00W DR	
		14 FA	THER'S NAME		IIDDLE	Mert		15 MOTHER	R'S MAIDEN	NAME	WIDDLE		LAST	
BALTIMORE, MD.	AFTER DI IVE PAG H. FORM AGES 1 A		VAS DECEASED EVER	(IF YES, GIVE WAR		352-09	-4588	Bever.		Thorse	en - Sa		Sec. 13	3
	£ ~ ≥ _ · O		18 CAUSE OF DEA PART I DEATH V	TH (Enter only o	1	for (a), (b), and	"ACHI	010	HEM	IORRI	HAGE		APPROXIM BETWEEN ON	ATE INTERVAL ET AND DEA H
PRESTON ST		1	Canditions, if gave rise ta	any, which		GLOS:	JENCE OF	EAO					72	hrs
201 W.			cause (a stotine lying couse last	g the <u>under</u> .	1	AS A CONSEQU								
RECORDS	UID BE EXECU "PENDING" II F MEDICAL E ED AS A BURI HEALTH AND IL, CREMATIO	NO	PART 2 DTHER SIGNIFICAN	NT CONDITIONS CON	TRIBUTING TO DEATH	BUT NOT RELATED TO	STURLY	ASE OR CONDITION	GIVEN IN PART	BRU	UPJCU	LARL	Accion	ENT
ITAL RE	그룹 이 부 :	CERTIFICATION	190 DATE OF OPER	ATION	196 CONDIT	NA WHIC	H OPERATION	WAS PERFORA	MED?				2D AUTOPS	SY?
DIVISION OF VITAL	CERTIFICATE SI SITING THE WO DED TO THE C E 3 SHOULD BE E DEPARTMENT	CAL CER	216 EXTERNAL CAU UNDERLYING A CONTRIBUTING	-OR	TH P.M	MONTH DAY	YEAR 1971	CCIO	CCURRED EN		FAL.	A IB PART OR P	ART 2)	
ISINIG	# ≥ ₹ Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	MEDICAL	216 INJURY OCCUR WHILE NOT AT WORK AT V	WHILE NORK	21e PLACE (OF INJURY (AT	HOME 21f L	SG107	SPR	INGM	PEAC O	w DR	OUNTEC 2	1043
	HONER: THE FORM CTOR: PACTOR:		22a I certily that	I took charge o		cribed above, h	Had an Auto	ipsy Homici	Inspection de .	Undetermin	quiry X	and in my o	pinion	
	IL EXAM TE CERTI TOULD B NL DIRECTION TH, WITH		ACTUAL SIGNATURE	Stol	MOY	naw	Non	TITLE (SP			EXAMINER	DATE	10/2	1/87
	MEDIC COTE THE GE 4 SH FUNER DEATH		EXAMINER'S NAME	Sco	TT	MAUF	LER_	_ADDRESS_	677	}	CKORY	RITTO	MBIA-	21844
07 8	5X45A8	B	JRIAL, CREMATION, I PECIFY) Urial	10	DATE 0-23-198		el Hill		s West		cago			linois
25M	DHMH 17 VR A15 ME (5))	24 Eu	eroyoMcro& 555 Twin k	Kussell Knolls R	Rd., Col	zke Fune umbia,	MD. 21	nes P.A 1045	OCT 2	2 2 198	ISTRAR 256 R	EGISTRAR'S	SIGNATURE - Randall	١
		-								NV	V			



	1			STAT	E OF MARYLAND	1, 9	, ,	
	1.	FOR STATE			EALTH AND MENTAL H			
28 OCT 21	87	STATE REGISTRAR	ME	DICAL EXAMINE	R'S CERTIFICATE O	F DEATH REGIN	10	
		CEASED NAME FIRST		MIDE E	AST	20 DATE KNOWN OF ESTI	MINIH AT TIAR 2	B HOUR
0 -	(77	AMAI	TA AT.	NGELICA VE	LAZCO	DEATH MATED	10-17-87	
DIVISION OF VIYAL RECORDS, 201 W PRESTON STREET	3 SEX		IS DATE OF BIRTH	6 AGE (IN YEAR			20 21 01	2d HOUR
ST		1.1	MONTH DAY	YEAR LAST BIRTHDAY	MONTHS DAYS HOURS	MIN PRONOUNCED		
		emale W	12 / 21	/ 66 20 YRS		DEAD		:15P
1/		RTHPLACE STATE OR	9 BALTIMORE CITY	OR COUNTY OF DEATH				
2	Ar	gentina	ounty	MD				
		TY OR TOWN OF DEATH	PE OF WORK 126 KIND OF BUSI					
()		olumbio	Wilde Ta	ke Village (Center- High's	Store Store	OR INDUSTRY	
_		Olumbia AL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION G	IVE RESIDENCE BEFORE ADMISSION				
-		TATE 136 COUL		13c CITY OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		
>_	M	aryland Ho	ward	Columbia	YES NO	10381 Twin Riv	vers Rd. 2104	4
1	14 F	ATHEK S INAME	MIDDLE	LAST	15 MOTHER'S MAIDE	NNAME	TAST	
		Ramon Duarte			Dite	Isabel	Velazco	
J		WAS DECEASED EVER IN U.S. AL		166 SOCIAL SECURITY	NO. 17 INFORMANT	ADDRES		
	[Y		E WAR OR DATES)	0.0000000	. Data Table	1 17-1 100	01 m / p:	70.1
	=	No.		1212-88-843	KITA ISADE	l Welazco 1038		
		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE)			and atab cour	ode	APPROXIMATE IN BETWEEN ON ET AF	ND DEATH
SIENE,		IMMEDIA	112 (11002 (01		s and stab wour	IGS		
s a Burial - transit perm Th and mental hygiene Eemation, or removal.				R AS A CONSEQUENCE O	F			
RE L		Conditions, if any, which						
ő		cause (a stating the under		AS A CONSEQUENCE O	F			
		lying cause last.						
		PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH	BILL NOT BELYTOUR TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN PAR	DT 1		
	z		CONTRIBOTINO TO GENTA	OUT NOT KEENIEG TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN PAR	71 V G		
-	CERTIFICATION	190 DATE OF OPERATION	Lucia como	TION 1500 NAME OF THE ORDER	TION THE PERFORMANCE			
1	2	170 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?	
1	E						YES XOS	NO [
1	U	210 EXTERNAL CAUSE WAS	21b. TIME O	FINJURY A. MONTH DAY YEAR	216 HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM IS	3 PART 1 OR PART 2)	
- Carolina in the carolina in	1 3	UNDERLYING OR CONTRIBUTING CAUSE OF			subject cut a	nd stabbed		
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY (AT HOME	71f LOCATION			
	E	WHILE NOT WHILE AT WORK		TORY FARM ETC.)	STREET TOLON VI	llage Center Co	olumbia. Md.	STATE
		AT WORK - AT WORK	Istore	(HIGH'S)		Trage Cerreer C	OTAHOTA, ITAL	
		22a I certify that I took char	ge of the remains de	scribed above, held an	Autopsy X. Inspection	n Inquiry a	ind in my opinion	
		death resulted from A Nati	ural causes .	Accident Suic	ide Homicide X	Undetermined manner .		
		117	-		TITLE (SPECIFY)			
		ACTUAL SIGNATURE	While	Unio KRW	Assistan	t	DATE 10-18-8	37
1		SIGNATURE		VI C 0-11C	M.D. TIOOTO CATT	MEDICAL EXAMINER	SIGNED	
/	1	EXAMINER'S NAME	Margarita	A. Korell, M	.D. 111	Penn Street		
BALIAMORE, MARTIANO		(TIPE OK PRINT)			ADDRESS			
à	23a B	URIAL, CREMATION, REMOVAL	23b DATE	230 NAME OF CEM	ETERY OR CREMATORY	23d LOCATION	COUNTY STATE	E
		Burial	10-24-87	Avellaned	a - Villa	Dominico, Arge	entina	
		UNERAL DIRECTOR			250. DATE R	REC'D. BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE	
5))	H	larry Witzke	ADDOF 2	1112 Columbia	Bike y, Md21049CT	20 mors turie	Davidson-Rande	
	F	uneral Home		Milicott City	y; Md 2104801	- 1301×0		
	,							

PRINCE THE PROPERTY AND ADDRESS OF THE PROPERTY OF THE PRINCE AND ADDRESS OF THE PRINCE AND ADDR

20M 4 82

STATE OF MARYLAND

13 00 701 70 00 70 2) Hart Chosigher Van Lindenbern

69225 OCT 21

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

87	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HAY		, NO	7 4			
	CEASED NAME	FIRST		MIDDLE	l	AST	20 DATE OF DEATH		DAY	YÉAR	2b HOUR	
TYPE	OR PRINT)	PAUL		L.	W	ARREN		10	19	87	44	M
3 SE	X		4 RACE		5 DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UND	ER YFAR	IF UNDER 24	MIN
	MALE		WHITE		04	13 99	88	YRS				
	RTHPLACE MATEC	ir foreign	76 CITIZEN OF	WHAT COUNTRY	2 8	NEVER MARRIED	9 BALTIMORE CIT	Y OR COUN	TY OF D	EATH		
	INDIANA		U.S.A.		WIDOWE		HOWAI	RD COU	NTY			MD
10 C	ITY OR TOWN OF D	EATH		AE OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION						126 KIND OF BUSINESS OR		
	COLUMBI	A	6150 F	ORELAND	GARTH	APT. 515	SALESMAN			CLOTI	HING	
	AL RESIDENCE (IF NO		OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)						045	
	RYLAND	HOWA		COLUMBI		YES NOXX	13e STREET ADDRE				PT 51!	5
14 F/	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	AME	F		LAST	ī	
	DORA		E.	WARR	EN	LILLIAN				MERA		
	WAS DECEASED EVE	RINUSAR	MED FORCES?	166 SOCIAL SEC	URITY NO	17 INFORMANT	AD	DRESS AR	LING	TON I	HEIGH	TS
(YES YES	WW.	I WAR OR DATES	328-10-	9315	HERBERT WARR	REN 916 WI	LISHIR				0004
	18 CAUSE OF DEA	TH (Enter or	nty one couse per	fine for a . (b . a	ind ic				T	APPROXI	MATE INTERVI	
	PART I DEATH	WAS CAUSE	D BY	Carl	mo .	na unth	, Lun	2				
		IMMEDIA	TE C AUSE (a)			7		4				
	Cardina. 1 a		DUE TO, O	r as a conseor	JENCE OF			-				
	Conditions, if or gove rise to it	mmediate	(p)_						_			
	couse to sta	ting the	DUE TO, O	R AS A CONSEO	UENCE OF							
			((c)						1			
NO	PART 2 OTHER SH	A PRICANT	conditions <u>c</u> e	ontributing to	DEATH BUT	NOT RELATED TO THE TERM	minal disease or c	ONDITION	GIVEN IN	PART 1 c	1	
CERTIFICATION	190 DATE OF OPER	ATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?				GS USED OF DEATH	2
TE	NY						YES NO	_	YES [CAUSES	NO [
CER	210 ACCIDENT WAS L	/ . A -			DAY VEAD	216 HOW INJURY OCCUP	RRED (ENTER NATURE OF	INJURY IN ITEM	8 PART D	R PART 2		
	OR CONTRIBUTING		AIR	M. MONTH I	DAT TEAR			•				
MEDICAL	21d INJURY OCCL		21e PLACE	OF INJURY		211 LOCATION	cotto d	OR LOWN	1	OUNTY	-1 A	16
X	WHILE NO	VIA	I AT HOME ST	REET FACTORY OFFICE	FARM ETC	STREET	CHAC	KIOWN)UNII		I E
	220 I certify that	I) (this boso	ital) attended th	e deceased from	100	10 0	4 10	8	100	7	that (Is (we	el last
	sow the dece	osed alive an	101	5 19	(27	nd that in (my) (our) opinion	death accurred on the	e date and h	nour and			
	obove, (I) (we 22b SIGNATURE	(did) (did no	at view the body	ofter death	,	DEGREE		-		2c DATE		
	1 / 1	1	7	~ 10A	X	ATTENDING	MEDICAL	STAFF	1	11	161	27
	will	wy	1 Colvo	PH	2	PHYSICIAN Y	DIRECTOR PH	YSICIAN [1 0	171	3 /
	22d PHYSICIAN'S					220 ADDRESS	le Bodina	AD.	1	1	1.	Md.
	DR. WI	LLIAM	FLOWERS			11022111	is immoke	10 1	KWI	10	umb	100
230	BURIAL, CREMATION	N, REMOVAL		/ 0-		EMETERY OR CREMATORY	23d LOCATION	N	LOU	Z	STA	TF.
	BURIAL		10/21	/87 MA	RYLAND '	VETERANS CEMETER	Y OWINGS		BALT	IMOF		
24 F	UNERALDEROY	M & R	USSELL (WITZKE	FUNER	AL HOMES 250 DA	TE REC D BY REGIST	-	IS MAR 9	71	andel	-
	1630	EDMOND	SON AVEN	UE CATON	SVILL	E, MD 21228 🚺	T 20 100	7 gruns	Anin (A co
=												

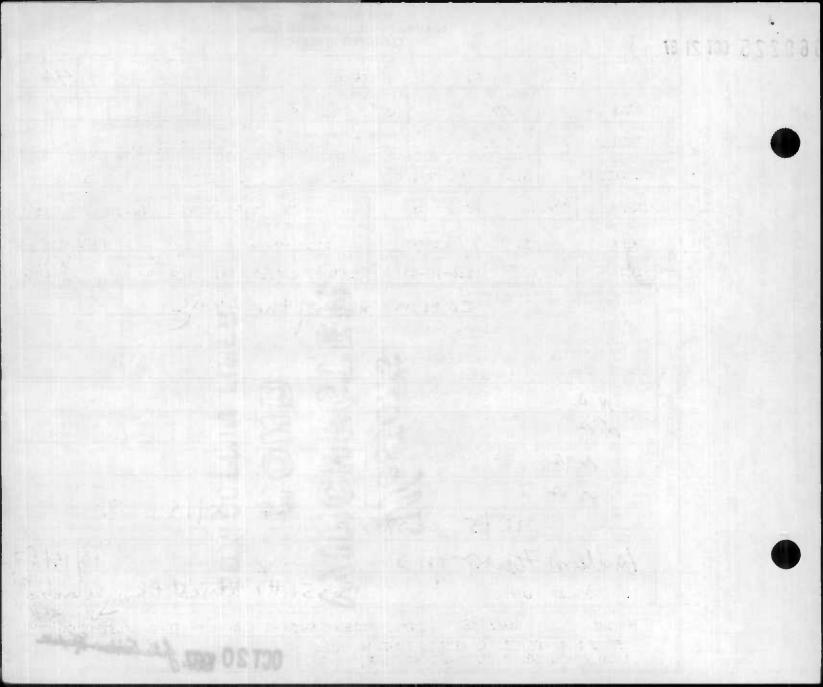
BP. (VRA 15, 4)

MPORTANT If Item 21 is marked ar

DHMH 16 60M 7 84

etained by the haspital

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicil should be detached for use as the burial-transit permit. Then please remave carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. r them 18 shaws any 11



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4) los	REGISTRAR				CERTI	FICATE OF DEA	TH	REG NO)			
Ī		CEASED NAME	FIRST		MIDDLE		LAST			MONTH	DAY YEAR	26 HOU	R
1	1.172	OK PRINT)	JAMES		Н.	WRI	GHT			10	₹3 ~87	1.20) DM
	3. SE	X		4 RACE			OF BIRTH		6 AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER THE AR	FUNLER	, a +R5
1		MALE		WHIT	E	MONT 08	16	VEAR O4	83	YRS	MOT HS DAY	HOURS	WIM
7	7a BI	RTHPLACE THATE	OR FOREIGN	76 CITIZEN OF	WHAT COL	JNTRY? 8	D NEVER MAR	DIED []	9 BALTIMORE CITY O		Y OF DEATH		
4		EW YORK	- /	U.S.	Α	WIDOW	V	1	HOWARD COU	NTY			MD
1	10 C	TY OR TOWN OF	DEATH			NURSING HOME	OR OTHER INSTITU	TION	120 USUAL OCCUPATION	NC	126 KIND O	F BUSINE	SS OR
1	CC	DLUMBIA	1			NG HOME			OWNER	WORKING	PETROLE	IM PRO	ODUCT
	USUA 13a S	AL RESIDENCE (#)	NURSING HOME OR			CE BEFORE ADMISSION)	1 13d INSIDE CITY	LIALITED 1	13e STOFFT ADDRESS /	710.000	MARYLAN	ID 21	228
A	MA	ARYLAND		IMORE		NSVILLE		D [N	6112 CHANC	EFOR	D ROAD (CATON	SVIL
7	14 FA	ATHER'S NAME		MIDDLE		AST	15 MOTHER'S MA						
1	1	HARRISO		E.		RIGHT	ELEAN		WIDDLE		FISH	IER	
di		VAS DECEASED ET			16b SOCI	AL SECURITY NO.	17 INFORMANT		ADDRE	S MA	RYLAND	2122	8
4	(1	YES		WAR OR DATES)	135-	01-8213	EDYTHE W	RIGHT	6112 CHAN	CEFO	RD RD. (CATON	SVIL
F		18 CAUSE OF DE	EATH (Enter an	ly ane couse per	line for DI	, (b), and icit				,	APPROXI	MATE INTER	VAL
1		PART I. DE ATI	H WAS CAUSE	D BY E CAUSE (0)		Cardio	- Oulve	andra.	a. Carro	ta	20	min	
П					RASACOI	NSEQUENCE OF							
1		Conditions, if		(b)			Sep	Lic			3	1 m	2
1		gave rise to cause (0) st		DUE TO O	R AS A COI	NSEQUENCE OF		1			12		
1		underlying co	ouse lost	((c)			Sei	rile	Lement	0~	2	YVS	,
1	_	PART 2 OTHER S	SIGNIFICANT	ONDITIONS CO	ONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO	THE TERMI	nal disease or cond	ITION G	IVEN IN PART 1 c		
J	TON	hypent	COSTON										
/	CERTIFICATION	190 DATE OF OPE	RATION	196 COND	ITION FOR	WHICH OPERATIO	N WAS PERFORME	D	20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	OF DEAT	H2
	RTIF								YES NO		ES [NO [_
		21g. ACCIDENT WAS	_	LIMITE A		TH DAY YEAR	21c HOW INJUR	Y OCCURR	ED (ENTER NATURE OF INJUR	IN ITEM 18	PART OR PART ()		
1	CAL	(IF EITHER NOTIFY	MEDICAL EXAMINER		Μ.	19							
1	MEDICAL	SIG INJURY OCC		21e PLACE		OFFICE FARM ETC)	211 LOCATION		ITY OR TOV	/N	OUNTY		TATE
1	-	AT WORK AT	WHILE WORK				1			3			
1		220 I certify that						-	2 , ta /0 /	13	19.57		ve lost
1		spw the dec abave, (1) (w	eosed alive on e) (did) (did na	t yew the body	ofter death	19 6 7 . 0	nd that in (my) our	opinion d	eoth occurred on the da	te and ha	or and fram the	couses sta	ted
1		226 SIGNATURE	N	MAG	CO	(10)	DEGREE	NIDINIO	Liene		77: DATE:	grass 9	
4				UNA	77	Dr.	PHY	NDING SICIAN	MEDICAL STAF		101	13/5	2
П		22d PHYSICIAN'S	NAME (TYPE O	R PRINTI	1	0.00	??e ADDRESS				7		
4		Cha	N/67	7/1	66M	y hin.	LORIE	NURS	SING HOME, O	COLUM	IBIA, MD		
12	23a B	URIAL, CREMATIC		236 DATE		23c NAME OF	EMETERY OR CREA	MATORY	23d LOCATION		LAUNTY	C1	TATE
		CREMA		10/14/		WESTVIE			BALTIMORE		MARYLA	AND	
12	24 FL					KE FUNER		25a DATE	REC'D BY REGISTRAR	SH REGIS	TRAP SIGNAL	RE	A
		1630	EDMONDS	ON AVE	CATON	SVILLE MI	21228		1 48/	Summer	Manage 1		

DHMH 16 60M 7/84 (VRA 15, 4)

BP

Cinc. TELLYSTICKS

OCT 16 EST Surface

6981

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DE	G	N	C

-1		REGISTRAR		CLI	THICAIL OF DEATH		REG. NO).			
		CEASED NAME GEORGE	C _ MART	ĽN 🛫	ZIŃKHAN	. 20	DATE OF DEATH)7/2°0/\$	3 87		JOM
	3. SEX	MALE	4 RACE WHITE	5 DA	ATE OF BIRTH AOQ3/20/A20 YEA	A.R	AGE LIN YEARS LAST BIRT	YRS	UNITER I VEAR	# UNDER	MIN.
2			76 CITUZEN OF WH	WID	rried M Never Marries	D 🔲	HOWARD O				MD
6	1	TY OR TOWN OF DEATH			ME OR OTHER INSTITUTION ERAL HOSP.	DN 12	OUSUAL OCCUPATION AFTER OF CONTROL OF CONTRO	ON WORKING LIFE	126 KIND C	F BUSINE	ISS OR
-	13M E		TYMORE 13	ERESIDENCE BEFORE ADMISS	TE 134 A PER CITY LIW		· BOBODESA	/ARCODA	M RD.	210	030
3	14. FA	GEORGE M. ZIN	KHAM, SR.	LAST	15 MOTHER'S MAIDE HEIGEN	A LAN			IAS	7	
3	160 W	VAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY N 219–18–060		ZABET	TH ZINKHAN			DAM	
	TION	Conditions, if any, which gove rise to immediate cause iol, stating the underlying cause last. PART 2 OTHER SIGNIFICANT ((c)CONDITIONS CON	S A CONSEQUENCE (BUT NOT RELATED TO THI		C	DITION GIVE	N IN PART I		
	CERTIFICATION	190 DATE OF OPERATION			ATION WAS PERFORMED	000000000000000000000000000000000000000	YES NO NO	IN CERTIFY YES	ING CAUSES		TH?
	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE IN WORK AL WORK	P.M.	MONTH DAY Y	19 21f LOCATION	CCURREL	ENTER NATURE OF INJUS		RI ORPARI		IATE
		27a I certify that (I) (this hosp saw the deceosed alive on above, (I) (we) (did) (did no 27b SIGNATURE	10	120 1952	, and that in (my) (our) of DEGREE ATTEND	OING	MEDICAL STAI	F	ond from the		ated
-		22d. PHYSICIAN'S NAME (TYPE OF	113	140	22e ADDRESS	Lal			be	212	29
		BURIAL CREMATION, REMOVAL SPECIF BURIAL		/87 ZI NAME LUTH	OF CEMETERY OR CREMA ERAN CEMETER	JORY Y	23d LOCATION CITUNITON	ΓOWN	CARROL	LP	MD
	24 FL	DNAMED. HARTZLE	2	UNION BI	RIDGE, MD	OCT	26 1097	A	RAR'S SIGNA	The Person Name of Street, or other Designation of the Person of the Per	

DHMH 16 60M 7 B4 (VRA 15, 4)

BP.

169812 0012707